



### TRANSPORTATION FEE APPEAL FORM

Please complete the following Transportation Fee Appeal form. Ensure that all information provided is accurate and complete. Incomplete forms may delay the processing of your appeal.

Square Footage Appeal

Vacant Lot

Incorrect Customer Category

#### Code 3.110.070 C

A request for fee review and adjustment may be granted or approved by the City Manager only when one or more of the following conditions exist:

1. The amount charged is in error, including assignment of the property to a residential or nonresidential category, the square footage or other unit base of a nonresidential property, and the use categorization for nonresidential property;
2. The parcel exists in its natural unimproved condition, is not connected to the City’s stormwater or sewer system, is not connected to any domestic or irrigation water service, and will remain in its natural unimproved condition with no allowable human activities or improvements that would generate trips, whether automobile, or by any other means of conveyance, over the City transportation system, to or from the parcel.

#### Contact Information

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Account Number: \_\_\_\_\_

Reason for Appeal of Transportation Fee Details: \_\_\_\_\_

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*Briefly explain the reason for your appeal. Include any relevant information or circumstances that you believe should be considered.*



# CITY OF BEND

Supporting Documentation: Attach any supporting documents that can substantiate your appeal, such as property records, lease agreements, or other relevant evidence.

Acknowledgment: By submitting this form, you acknowledge that the information provided is accurate to the best of your knowledge. False or misleading information may result in the denial of your appeal. If the appeal decision results in an adjustment to the Transportation Fee, the change will be made and reflected within 1-2 billing cycles, which may result in a retroactive adjustment. No adjustments will be made for billing dates prior to the date that the appeal was initiated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, you acknowledge the City of Bend’s Transportation Fee Appeal Policy as documented within this form and in the City of Bend Code.

*Forms received without customer signature will not be processed.*

### Please sign and return to the City of Bend Utility Billing office:

Email:  
UtilitiesOnline@bendoregon.gov  
Fax:  
(541) 385-6675

Physical Address:  
City of Bend Utility Billing  
639 NW Franklin Ave  
Bend, OR 97703

Mailing Address:  
City of Bend Utility Billing  
PO Box 1024  
Bend, OR 97709

For additional information, please visit: [bendoregon.gov/transportation-fee](http://bendoregon.gov/transportation-fee)

### Internal Use Only

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Entry/Scan Date: \_\_\_\_\_ Entered By: \_\_\_\_\_

Appeal:  Approved  Declined

Note: The City intends to review and notify you of the decision within 60 days of receiving all appropriate documentation. If you have any questions, please contact the City of Bend Utility Billing at 541-388-5515.