



CITY OF BEND

TRANSPORTATION FEE APPEAL FORM

Please ensure that all the information provided is accurate and complete. Incomplete forms may delay the processing of the appeal.

☐ Square Footage Discrepancy

☐ Incorrect Customer Type ¹

☐ Vacant Lot (No Structures, Unimproved)

☐ Incorrect Bin Assignment ²

☐ Unoccupied (Non-Residential) ³

¹ Customer Type is the billing account's classification as Single-Family Residential, Multifamily Residential, Non-Residential, or Mixed Type (a combination of Residential and Non-Residential spaces).

² Bin assignment is based on business type, determined via the NAICS code(s) that were submitted as part of the associated Business Registration(s). The bin assignment may be appealed if it is believed to be incorrect due to City error. If the wrong NAICS code(s) were submitted, please contact Licensing at 541-388-5580 ext. 8 or businessregistration@bendoregon.gov to resolve.

³ If a Non-Residential structure is unoccupied, an appeal can be filed to be temporarily assigned to a lower bin rate for up to one (1) year, after which a new appeal may be submitted to maintain the lower rate if the property is still unoccupied. Each rate change may last up to one (1) year for this purpose.

Bend Municipal 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.

Additional information on rules for appeals can be found in Bend Municipal Code Section 3.110.070.

CONTACT INFORMATION

Name:	_____	Business Name:	_____
Account Number:	_____	Service Address:	_____
Phone Number:	_____	Email:	_____



CITY OF BEND

Reason for Appeal of Transportation Fee: _____

Supporting Documentation: Attach any supporting documents that you want the City to consider with your appeal, such as property records, lease agreements, or other relevant evidence.

Acknowledgment: By submitting this form, you agree 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 received by the City.

Signature: _____ **Date:** _____

By signing this form, you acknowledge the City of Bend's Transportation Fee Appeal Policy as documented in this form and in the City of Bend Code. **Forms received without a signature will not be processed.**

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.

Please sign and return to the City of Bend Water Services Billing office:

Email:

utilitiesonline@bendoregon.gov

Fax:

541-385-6675

Drop Off:

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

Mailing Address:

City of Bend Utility Billing
P.O. Box 1024
Bend, OR 97709



Language Assistance Services & Accommodation Information for People with Disabilities

You can obtain this information in alternate formats such as Braille, electronic format, etc. Free language assistance services are also available. Please contact Customer Service at utilitiesonline@bendoregon.gov or 541-388-5515. Relay Users Dial 7-1-1.



Servicios de asistencia lingüística e información sobre alojamiento para personas con discapacidad

Puede obtener esta información en formatos alternativos como Braille, formato electrónico, etc. También disponemos de servicios gratuitos de asistencia lingüística. Póngase en contacto con el Servicio de Atención al Cliente en utilitiesonline@bendoregon.gov o 541-388-5515. Los usuarios del servicio de retransmisión deben marcar el 7-1-1.

INTERNAL USE ONLY

Date Received: _____ **Received By:** _____

Entry/Scan Date: _____ **Entered By:** _____

Determination: ☐ Approved ☐ Declined

Letter Sent Date: _____