



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs, and activities. In accordance with provisions of the ADA, every attempt will be made to accommodate the needs of persons with disabilities. Please contact the Human Resources Department (785-587-2472) for assistance.

APPEALS FORM
AGGIEVILLE BUSINESS IMPROVEMENT DISTRICT
As per Ordinance No. 7502

APPEAL PROCESS

A business may appeal its assessment or the calculation of its BID fee by submitting a written appeal to the Director of Finance on or before February 1, 2021. The written appeal must provide the basis of the appeal, the correction being requested, and contact information of the appellant. The Director of Finance shall issue a written determination within fourteen (14) days of receipt of the written appeal that specifies whether the BID fee shall be recalculated or upheld. Within fourteen (14) days of this decision, the appellant shall either pay the fee stated in the written determination or submit a written appeal to the City Manager, stating the basis of the appeal, the correction being requested, and contact information of the appellant. The City Manager shall hold a hearing within fourteen (14) days of receiving the written appeal, and shall issue a written decision, which shall be considered final. Appellant shall pay the fee provided in the City Manager's written decision within fourteen (14) days of the date of the written decision.

APPEAL INFORMATION

1. Requested correction (choose one):

- Revise name of business
- Revise name of responsible party
- Revise assessable area
- Other: _____

2. Basis of the appeal

(Describe why the requested correction should be considered. **Please attach additional pages describing your appeal, if necessary and documentation to support the appeal**).

Name of Business: _____

Business Address: _____

Name/Title of Appellant (Owner/Manager/etc.): _____

Appellant Address: _____

Phone: _____ **E-mail:** _____

The information provided above is true and complete to the best of my/our knowledge and belief.

Signature: _____ **Date:** _____

Appeals must be received by the close of business on February 1, 2021. Absolutely no appeals will be accepted after the deadline.

The City will accept appeals via e-mail, fax or regular mail. Submit appeals to:

Rina Neal, Asst. Director of Finance
 City of Manhattan
 1101 Poyntz Avenue
 Manhattan, KS 66502

Phone: (785)587-2470
 Fax: (785) 587-2409
 E-mail: neal@cityofmhk.com

<u>For office use only</u>			
Date Received: _____	By: _____		
Aggieville Representative: _____	Approve	Deny	Initials: _____