



# CITY OF POLSON

106 First Street East  
Polson, Montana 59860  
T: 406-883-8200 | F: 406-883-8238  
W: www.cityofpolson.com

Date Rec'd: \_\_\_\_\_

Fee: \$100

## IMPACT FEE REVIEW/MODIFICATION REQUEST

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

You are requesting:

- Impact fee re-determination     Refund of impact fees     Credits or reimbursements against impact fees

Which fees are you requesting relief or modification from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your reasons for requesting relief or modification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date of Request\*

\*Please note that the City Commission will make a determination within 60 days of the filing of a complete application. The complete impact fee review/modification request process can be found in [Section 2.06.883](#) of the Polson Municipal Code.

### THIS SECTION TO BE COMPLETED BY STAFF

<b>Parks</b> Assessed Fee: _____	Department Head Recommended Fee: _____
<b>Water</b> Assessed Fee: _____	Department Head Recommended Fee: _____
<b>Sewer</b> Assessed Fee: _____	Department Head Recommended Fee: _____
<b>Fire</b> Assessed Fee: _____	Department Head Recommended Fee: _____
<b>Admin</b> Assessed Fee: _____	Department Head Recommended Fee: _____

What would be the estimated total cost to the City: \_\_\_\_\_