

**STORM WATER UTILITY  
CORRECTION AND ADJUSTMENT REQUEST APPLICATION FORM**

All completed application forms, application fee (where applicable) and supporting documentation shall be submitted to:  
Village of New Glarus, Attention: Village Administrator  
319 2nd Street, P.O. Box 399, New Glarus, WI 53574

**Property Owner Information**

Name: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Utility Billing Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Property Information**

Parcel No. \_\_\_\_\_ Utility Account No. \_\_\_\_\_

**Adjustment Requested (check all that apply):**

- Incorrect Impervious Area (attach a detailed site plan with dimensions)  Incorrect Customer/Owner Information  
 Direct Discharge to Legler School Branch or Little Sugar River  Discharges Outside Village

*(Refer to the Stormwater Utility Credit Policy Manual for required supporting documentation)*

Submittal Description (Provide complete description of proposed credit(s) requested, attach additional pages as necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that the attached information is accurate to the best of my knowledge and that I have the authority to make such a request for this property. I agree to provide the Village of New Glarus with corrected information should there be any changes made to the information provided herein. I further authorize the Village of New Glarus to access the property identified for credit in this application.*

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ (Printed)  
 Date: \_\_\_\_\_

VILLAGE OF NEW GLARUS USE (Do not write in shaded area)	
Adjustment Submitted (Check all that apply)	Approved (Yes or No)
<input type="checkbox"/> Impervious Area Updated	_____
Previous Impervious Area	_____
New Impervious Area	_____
Corrected ERU Factor	_____
<input type="checkbox"/> Customer Information Updated	_____
<input type="checkbox"/> Direct Discharge	_____
<input type="checkbox"/> Discharges Outside Village	_____
Date Written Notification Letter Sent to Applicant: _____	
Date Adjustment Submitted to Billing: _____	
Approved By: _____	Signature: _____
Title: _____	Date: _____