

**STORM WATER UTILITY
CREDIT 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. _____

Credit Requested (*check all that apply*):

Credit for Peak Flow Reduction Credit for Water Quality

(Refer to the Stormwater 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*)

<u>Credit Submitted</u> (<i>Check all that apply</i>)	Approved (Yes or No)	Credit (%)
<input type="checkbox"/> Credit for Peak Flow Reduction	_____	_____
<input type="checkbox"/> Credit for Water Quality	_____	_____

Date Written Notification Letter Sent to Applicant: _____

Date Adjustment Submitted to Billing: _____

Approved By: _____

Signature: _____

Title: _____

Date: _____