

**STORM WATER UTILITY
CREDIT REQUEST APPLICATION FORM**

All completed application forms, application fee (where applicable) and supporting documentation shall be submitted to:
City of Stoughton, Attention: Director of Planning and Development
381 East Main Street, Stoughton, WI 53589

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 City of Stoughton with corrected information should there be any changes made to the information provided herein. I further authorize the City of Stoughton to access the property identified for credit in this application.

Signature: _____ Name: _____

(Printed)

Date: _____

CITY OF STOUGHTON USE (Do not write in shaded area)

Credit Submitted (Check all that apply)

Approved
(Yes or No)

Credit
(%)

Credit for Peak Flow Reduction

Credit for Water Quality

Date Written Notification Letter Sent to Applicant: _____

Date Adjustment Submitted to Billing: _____

Approved By: _____

Signature: _____

Title: _____

Date: _____