

**STORM WATER UTILITY
CORRECTION AND ADJUSTMENT 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. _____

Adjustment Requested (check all that apply):

Incorrect Impervious Area (attach a detailed site plan with dimensions) Incorrect Customer/Owner Information

Area Not Served by City Owned Infrastructure (50% maximum adjustment)

(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 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)

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"/> Area Not Served by City Owned Infrastructure	_____	_____

Date Written Notification Letter Sent to Applicant: _____

Date Adjustment Submitted to Billing: _____

Approved By: _____ Signature: _____

Title: _____ Date: _____