

**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: \_\_\_\_\_