

**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 (Check all that apply)</u>          | <u>Approved (Yes or No)</u> | <u>Credit (%)</u> |
|---|-----------------------------|-------------------|
| <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: \_\_\_\_\_