

**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 Onalaska, Attention: Engineering Department, Assistant City Engineer, 415 Main Street, Onalaska, WI 54650

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*):

- | | |
|---|---|
| <input type="checkbox"/> Incorrect Impervious Area
(attach a detailed site plan with dimensions) | <input type="checkbox"/> Incorrect Customer/Owner Information |
| <input type="checkbox"/> NPDES Industrial Storm Water Discharge Permit Adjustment | <input type="checkbox"/> Discharges Outside MS4 |

(Refer to the Stormwater Credit Policy 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 Onalaska with corrected information should there be any changes made to the information provided herein. I further authorize the City of Onalaska to access the property identified for credit in this application.

Signature: _____ Name: _____

(Printed)

Date: _____

CITY OF ONALASKA 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"/> NPDES Industrial Storm Water Discharge Permit | _____ | _____ |
| <input type="checkbox"/> Discharges Outside MS4 | _____ | _____ |

Date Written Notification Letter Sent to Applicant: _____

Date Adjustment Submitted to Billing: _____

Approved By: _____ Signature: _____

Title: _____ Date: _____