

**STORM WATER UTILITY
ADJUSTMENT REQUEST APPLICATION FORM**

All completed application forms and supporting documentation shall be submitted to:

Village of Menomonee Falls, Attention: Public Works, Director of Public Works, W156 N8480 Pilgrim Road, Menomonee Falls, WI 53051

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"/> Incorrect ERU Count | <input type="checkbox"/> Other (explain below) |

Submittal Description (Provide complete description of proposed adjustment(s) requested; attach additional pages as needed)

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 Menomonee Falls with corrected information should there be any changes made to the information provided herein. I further authorize the Village of Menomonee Falls to access the property identified for adjustment in this application as needed.

Signature: _____ Name: _____
(Printed)

Date: _____

VILLAGE 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 | _____ | _____ |
|
<input type="checkbox"/> Customer Information Updated | _____ | _____ |
| <input type="checkbox"/> ERU Count Updated | _____ | _____ |
| <input type="checkbox"/> Other: _____ | _____ | _____ |

Date Written Notification Letter Sent to Applicant: _____

Date Adjustment Submitted to Billing: _____

Approved By: _____ Signature: _____

Title: _____ Date: _____