

**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: _____