



Storm Water Utility 262-843-2313

Salem Town Hall • 9814 Antioch Road, PO Box 446 • Salem, WI 53168

TOWN OF SALEM STORM WATER UTILITY REQUEST FOR ADJUSTMENT FORM

- TYPE OF ADJUSTMENT:**
- _____ Adjustment of User Fee
 - _____ Storm Water Utility Credit – Internally Drained
 - _____ Storm Water Utility Credit – Water Quality Measures
 - _____ Storm Water Utility Credit – Other
 - _____ Appeal Denial for Adjustment to Town Board

Applicant Information (Financially Responsible Entity):

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____ Email: _____ Telephone: (____) ____ - _____

Property Owner Information (If Different from Above):

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____ Email: _____ Telephone: (____) ____ - _____

Property Information:

Property Location/Address: _____
 Tax Key: _____ Storm Water Utility Fee: _____
 Reason for Adjustment Request: _____

Note: Storm Water Utility User Fee Credits shall be determined on a case-by-case basis up to a maximum of a 50% reduction.

Supporting Review Information:

Please indicate the supporting review information that you are attaching to this application:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Narratives | <input type="checkbox"/> Runoff Calculations | <input type="checkbox"/> Routing Calculations |
| <input type="checkbox"/> Site Plans | <input type="checkbox"/> As-Built Plans | <input type="checkbox"/> Stage/Storage Discharge Tables |
| <input type="checkbox"/> Survey Plat | <input type="checkbox"/> Maintenance Agreement | <input type="checkbox"/> Outlet Structure Details |

The applicant may be required, at his/her own expense, to provide supplemental information to the Town Chairman or designee, including, but not limited to, survey data approved by a Registered Land Surveyor (R.L.S.) and engineering reports approved by a Professional Engineer (P.E.). Failure to provide such information may result in a delay in the process or denial of the adjustment request.

Type or Print Name

Title or Authority

Signature

Date