



Instructions:

- Forms must be signed by the financially responsible person if an individual, or if not an individual, by an officer, director, partner, or registered agent with authority to execute instruments for the financially responsible person.
- Mail the completed form to:

City of South Burlington Stormwater Superintendent
 Department of Public Works
 575 Dorset Street
 South Burlington, VT 05403

Property Owner Name: _____

Property Owner Address: _____

Property Owner Contact Numbers Day: _____ Cell: _____ Fax: _____

Authorized Contact (if different from property owner): _____

Authorized Contact mailing Address: _____

Authorized Contact Numbers Day: _____ Cell: _____ Fax: _____

Account Number: _____

Name of Permitted MS4 or non-MS4 Supporting Entity: _____

Date of Notice of Intent (attach a copy), if applicable: _____

Date of Notice of Coverage (attach a copy), if applicable: _____

Is a copy of the last Annual Report attached: Yes No NA

Non-MS4 Supporting Entities: Attach a copy of the applicable federal regulation or permit that requires the entity to perform BMP(s) and a detailed description of those BMP(s), including dates of activities, person(s) involved and BMP cost(s). _____

I hereby request the South Burlington Stormwater Superintendent review this application for a stormwater user fee credit. I certify that I have authority to make such a request and grant such authority for this property. The attached information is true and correct to the best of my knowledge and belief. I agree to provide corrected information to the South Burlington Department of Public Works should there be any change in the information provided herein.

Signature: _____ Name: _____

Title: _____ Date: _____

Do not write in the shaded area (Utility Use Only)

Credit Approved (check one): Yes No

If No, provide a brief explanation for denial:

If No, provide information on follow-up with applicant:

Date approved or denied: _____

Signature: _____

Name: _____

Title: _____

Date: _____