



Form D-2
CITY OF NEWARK, DELAWARE
REVISED DISTRIBUTION OF BILLABLE ESUs

Request Number

I. General Information

Parcel ID:	Account # (from Utility Bill):	Date:
Parcel Owner:		Service Address:
Owner Phone:		City / State / Zip:
Owner Email:		Mailing Address:
Authorized Contact:		City / State / Zip:
Contact Phone:		Contact Email:

Total Billable ESUs Associated with the Parcel	
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II. Required Processing Fee

<input type="checkbox"/>	Processing Fee of \$50.00 (Non-Refundable) Payable to the City of Newark
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II. Request for Revised Distribution of ESUs

Indicate the account number and the Billable ESU distribution percentage you wish to apportion to each account. Please round each percentage to the nearest tenth. The total distribution must equal 100% percent. If there are more than 20 accounts serving your parcel, please attach additional sheets to indicate the full distribution of ESUs.

Account Number	Billable ESU %
Subtotal	

Account Number	Billable ESU %
Subtotal	

Total	
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OWNER CERTIFICATION:

I certify that I have requested the above referenced Billable ESU distribution to the accounts. I further understand that the distribution of the stormwater fee will be based on the above distribution that I have requested. Further I acknowledge that, as the owner of the property, I am ultimately responsible for any non-payments of the subject parcel's stormwater fee.

Signature of Owner

Date

IV. FOR CITY USE ONLY (To be completed by the City)

Application Received By: _____ **Date Received:** _____

Application Reviewed By: _____ **Date Reviewed:** _____

Application Status: **Approved:** _____ **Denied:** _____

Remarks:

Send the Completed Application and Supporting Documentation To:

The Director of Public Works and Water Resources
City of Newark
220 South Main Street
Newark, DE 19711

For inquiries, please call: (302) 366-7000

(NOTE: A separate application form must be filed for each parcel)