

# City of Essex Junction Stormwater Utility Education Credit Application



## 1. Instructions

Schools that are interested in obtaining the Education Credit must submit a completed application form to the Water Quality Superintendent. A separate application form must be submitted for each parcel for which the credit is being requested. Forms must be signed by the authorized representative, such as an officer, director, partner, or registered agent with authority to execute instruments for the institution located on the parcel. Completed forms can be emailed to: [cmandigo@essexjunction.org](mailto:cmandigo@essexjunction.org) or mailed to: City of Essex Junction Attn: Stormwater Department, 2 Lincoln St, Essex Junction, VT 05452. Forms are **due January 1<sup>st</sup> of a calendar year** and will be applied on the first utility bill of the next Fiscal Year, normally mailed in October

## 2. Certifications and Signatures

I hereby request that the Water Quality Superintendent review this application for Education credit. I certify that I have the authority to make such a request and grant such authority for this parcel. I certify that the attached information is true and correct to the best of my knowledge and belief. I agree to provide corrected information to the City of Essex Junction should there be any change in the information provided herein. I understand that once the credit is awarded, it is my responsibility to inform the Water Quality Superintendent of any changes that might impact the credit awarded under this application.

I understand that once credit is awarded as part of this application, I am responsible for sending annual reports to the Water Quality Superintendent. Failure to provide this information could result in a loss of the credit awarded as part of this application.

### Authorized Representative

Signature:	<input type="text"/>	Date:	<input type="text"/>
Name:	<input type="text"/>	Title:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

## 3. Parcel Information

Parcel Owner Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
Parcel Physical Address:	<input type="text"/>		
Parcel Identification Number:	<input type="text"/>		

Existing Essex Junction Utility Billing Account Number:

#### 4. Stormwater Education Curriculum Information

☐ Attach a description of the stormwater education curriculum being taught at this parcel. Include grade level, number of students taught, number of instructors teaching the curriculum, teacher training requirements, educational tools used, length of the educational program, and any other pertinent information.

#### 5. Participating Instructors

Teacher Name

Grade Level

Do not write below this line (Utility Use Only)

Credit Approved (check one): ☐ Yes ☐ No

% Credit issued: \_\_\_\_\_

If No, provide a brief explanation for denial and what information is missing:

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Date approved or denied: \_\_\_\_\_ Date credit will be applied to utility bill: \_\_\_\_\_

Signature:

Date:

Name:

Title:

Phone:

Email: