



Waukeee Public Works
 805 University Avenue
 Waukeee, IA 50263
 Phone: (515) 978-7920
 Fax: (515) 987-3979

RESIDENTIAL STORMWATER UTILITY BEST MANAGEMENT PRACTICE (BMP) REIMBURSEMENT APPLICATION

(PLEASE PRINT OR TYPE)

Applicant/Property Owner:

Project Address:

- Proposed Best Management Practice (BMP):**
- Rain Barrel**
Attached: Copy of itemized and dated rain barrel purchase receipt
 - Rain Garden/Bioretenention cell**
Attached:
 - Map/site plan of rain garden location & area that proposed BMP will treat
 - A project summary/description
 - A cost summary/contractor estimates
 - An anticipated construction schedule including the expected completion date

Reimbursement Amount Requested: _____

- \$50 maximum reimbursement for rain barrel
- 50% match on a rain garden installation up to \$1000 within the \$15,000 budgeted for the fiscal year

Applicant Contact Information

CONTACT NAME		MAILING ADDRESS	
PHONE NUMBER		CITY, STATE	
E-MAIL ADDRESS		ZIP CODE	

PROGRAM DETAILS (SEE PROGRAM BROCHURE FOR COMPLETE INFORMATION)

- REIMBURSMENT WILL BE MADE AFTER THE PROJECT IS COMPLETED.
- PROJECT MUST BE COMPLETED WITHIN THE FISCAL YEAR THAT IT IS APPROVED.
- ACCESS TO YOUR PROPERTY WILL BE MADE AVAILABLE TO CITY STAFF FOR REVIEW OF THIS APPLICATION AND INSPECTION OF THE PROJECT.

ACKNOWLEDGEMENT

I, THE UNDERSIGNED, DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT, AND AGREES TO THE CONDITIONS OF THIS PROGRAM.

Signature of Applicant	Date of Application

This Section To Be Completed By City

PUBLIC WORKS STAFF APPLICATION APPROVAL: _____

PUBLIC WORKS REBATE APPROVAL _____ AMOUNT APPROVED: _____