



**Form D-1**  
**CITY OF NEWARK, DELAWARE**  
**INITIAL DISTRIBUTION OF BILLABLE ESUs**

<b>Request Number</b>
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**I. General Information**

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

<b>Total Billable ESUs Associated with the Parcel</b>	
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**NOTE:** This form may only be used for the initial request to redistribute ESUs for a specific parcel. If a request has been previously made and granted for this parcel, please complete and submit Form D-2.

**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 %
<b>Subtotal</b>	

Account Number	Billable ESU %
<b>Subtotal</b>	

<b>Total</b>	
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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:**

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**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)**