



City Use Only: File Number _____ Date Received _____ Approvals: Stormwater _____ Director of Public Works _____

**STORMWATER MANAGEMENT
FEE CREDIT APPLICATION – EDUCATION PROGRAM**

Complete and return this form and attachments to:

City of Lancaster
 Department of Public Works
 120 North Duke Street, P.O. Box 1599
 Lancaster, PA 17608-1599
 Phone: 717-291-4739; Fax 717-291-4772
<http://cityoflancasterpa.com/government/stormwater>
 Email dblack@cityoflancasterpa.com

1. PROPERTY OWNER INFORMATION

School Name _____

Property Address _____

Mailing Address _____

Contact Person _____

Phone/Fax _____ Email _____

Water Utility Account Number: _____

Tier¹: _____ Impervious Area¹: _____

¹Tier and Impervious Area (IA) information can be found on the Stormwater Assessment Notice.

Is this application for the renewal of credits: Yes ___ No ___ Use this form for both initial application and renewal.

2. STORMWATER PROGRAM INFORMATION

Instructions: Applicant must provide adequate documentation to demonstrate to the City of Lancaster Stormwater Program that sufficient focus and instruction upon stormwater management issues and water quality protection are covered in the time frame suggested. Please summarize all appropriate documentation below, and attach additional supporting documentation, which may include may include educational posters, take-home materials, classroom lessons, field trips photos, etc. Refer to the Stormwater Management Fee Policies and Procedures Manual for more information on suggested teaching materials, credits amounts, and renewal process.

All Grade Levels Offered: _____ to _____ School Year: _____ to _____
Total Attendance of Students in School: _____

Program 1. Title: _____

Grade Level(s) in Program: _____

Percent of Total Students in Program: _____

Total Number of Students Served by Program: _____

Description of Program 1: _____

Program 2. Title: _____
Grade Level(s) in Program: _____
Percent of Total Students in Program: _____
Total Number of Students Served by Program: _____
Description of Program 2:

Program 3. Title: _____
Grade Level(s) in Program: _____
Percent of Total Students in Program: _____
Total Number of Students Served by Program: _____
Description of Program 3:

School Principal or Superintendent's Signature