



**Office of City Engineer
City of Sioux Falls
Owner/Developer Request for Utility Oversize Reimbursement,
Drainage System Cost Recovery (DSCR), or
Sump Pump Collection System Reimbursement**

Request Date: _____

Qualifying Utility: Sanitary Sewer Water Main Sump Pump DSCR

Justification: _____

Subdivision Name: _____

Phase Number: _____

Date of Installation: _____

Owner/Developer: _____

(Reimbursement will be sent to the listed Owner/Developer, unless otherwise requested.)

Amount Due This Request: \$ _____

The Owner/Developer hereby requests reimbursement of said amount for the construction of said utility in accordance with City of Sioux Falls Ordinances and Guidelines.

Submitted By:

Owner/Developer (*Signature*) Owner/Developer (*Print*) Date

Approved By:

City of Sioux Falls (*Signature*) City of Sioux Falls (*Print*) Date

Required Documentation Attached: Yes No CIP Number: _____