



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

Request Date: \_\_\_\_\_

Qualifying Utility:  Sanitary Sewer  Water Main  SP/Drainage Fee  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:

\_\_\_\_\_  
Signature Owner/Developer

\_\_\_\_\_  
Date

Approved By:

\_\_\_\_\_  
City of Sioux Falls

\_\_\_\_\_  
Date

Required Documentation Attached:  Yes  No