

Signature Authorization Form

Permittee Name _____ SPDES NO. _____

Facility Name _____ Date _____

Name of person described in paragraph (1):	Title:
Signature of person described in paragraph (1):	Date:

THE PERMITTEE MUST NOTIFY THE DEPARTMENT OF ANY CHANGE IN THIS INFORMATION. THIS FORM SHOULD ONLY BE SENT IN WITH THE ANNUAL REPORT.

Name and/or Title of person responsible for signing and submitting MS4 Annual Report:	Phone: ()		
Mailing Name:			
Mailing Address:	City:	State:	Zip:

Return To: MS4 Coordinator
 Bureau of Water Permits
 New York State Department of Environmental Conservation
 625 Broadway
 Albany, NY 12233-3505