

# Town of Williston

## Stormwater Fee – MS4 Credit Form

### Instructions

1. Forms must be signed by the financially responsible person if an individual, or if not an individual, by an officer, director, partner, or registered agent with authority to execute instruments for the financially responsible person.
2. Mail the completed form to:

Town of Williston Stormwater Coordinator  
Department of Public Works  
7900 Williston Road  
Williston, VT 05495  
(802) 878-1239

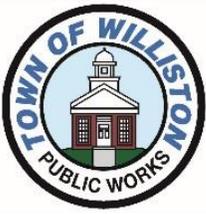
Name of Property Owner: \_\_\_\_\_  
Address of Property Owner: \_\_\_\_\_  
Property Owner Contact Numbers Day: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Property Address(es): \_\_\_\_\_  
Property Tax Map Number(s): \_\_\_\_\_  
Parcel Identification Number(s) (if known): \_\_\_\_\_  
Account Number (if applicable): \_\_\_\_\_

### Authorized Contact Information (if different from above)

Authorized Contact: \_\_\_\_\_  
Address of Authorized Contact: \_\_\_\_\_  
Authorized Contact Numbers Day: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Authorized Contact E-mail Address: \_\_\_\_\_

### MS4 Information

Name of Permitted MS4 or non-MS4 Supporting Entity: \_\_\_\_\_  
Date of Notice of Intent (attach a copy), if applicable: \_\_\_\_\_  
Date of Notice of Coverage (attach a copy), if applicable: \_\_\_\_\_  
Is a copy of the Annual Report attached?:  Yes  No



## Town of Williston

### Stormwater Fee – MS4 Credit Form

I hereby request that the Williston Stormwater Program review this application for a stormwater user fee credit. I further authorize the Stormwater Program staff to inspect the STP(s) identified in this application for the purpose of assessment for a stormwater fee credit. I certify that I have authority to make such a request and grant such authority for this property. The attached information is true and correct to the best of my knowledge and belief. I agree to provide corrected information to the Town of Williston Department of Public Works should there be any change in the information provided herein.

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

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

Do not write in the shaded area (Stormwater Program Use Only)

MS4 Approved to Receive Credit (check one):     Yes     No

If No, provide a brief explanation for denial:

\_\_\_\_\_  
\_\_\_\_\_

If No, provide information on follow-up with applicant:

\_\_\_\_\_  
\_\_\_\_\_

Date approved or denied: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

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