



# Town of Williston

## Stormwater Fee – Agricultural Credit Form

### Instructions

- 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.
- 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: \_\_\_\_\_

Applicant must attach a copy of the Agency of Natural Resources (ANR) Written Confirmation of Compliance with Required Agricultural Practices (RAP).

- Compliance updates will be required according to the ANR inspection schedule to remain in good standing with this credit.
- In the event the Applicant receives an updated compliance document stating compliance with RAPs is no longer met, it is the responsibility of the Applicant to inform the Town.
- The Town will request a State inspection if non-compliance with RAPs is suspected.

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

Approved to Receive Agricultural Credit (check one):  Yes  No Date approved or denied: \_\_\_\_\_

If No, provide a brief explanation for denial:

\_\_\_\_\_

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

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

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

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