



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

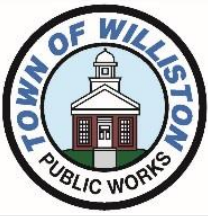
Name of Property Owner: _____
Address of Property Owner: _____
Property Owner Contact Numbers Day: _____ Cell: _____ Fax: _____
Property Address(es): _____
Property Tax Map Number(s): _____
Parcel Identification Number(s) (if known): _____
Account Number (if applicable): _____

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

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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: _____