

Designation of Individuals Responsible for
Stormwater Treatment BMP Operation and Maintenance

Date Completed

Facility Name

Facility Address

Designated Contact for Operation and Maintenance

Name:

Title or Position:

Telephone:

Alternate Telephone:

Email:

Off-Hours or Emergency Contact

Name:

Title or Position:

Telephone:

Alternate Telephone:

Email:

Corporate Officer (authorized to execute contracts with the City, Town, or County)

Name:

Title or Position:

Address:

Telephone:

Alternate Telephone:

Email: