# Submittal of Annual Reports and Other Compliance Documents for Municipal Separate Storm Sewer System (MS4) Permits

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. After 120 days your draft is **deleted**.

Form 3400-224(R8/2021)	
<b>Reporting Information</b>	
Will you be completing the A	Annual Report or other submittal type? <ul> <li>Annual Report</li> <li>Other</li> </ul>
Project Name:	2023 Annual Report
County:	<u>Outagamie</u>
Municipality:	Buchanan Town
Permit Number:	S050075
Facility Number:	31099
<b>Reporting Year:</b>	<u>2023</u>
Is this submittal also satisfyir	ng an Urban Nonpoint Source Grant funded deliverable? 🛛 🔿 Yes 💿 No

## **Required Attachments and Supplemental Information**

Please complete the contents of each tab to submit your MS4 permit compliance document. The information included in this checklist is necessary for a complete submittal. A complete and detailed submittal will help us review about your MS4 permit document. To help us make a decision in the shortest amount of time possible, the following information must be submitted:

#### **Annual Report**

- Review related web site and instructions for <u>Municipal storm water permit eReporting</u> [Exit Form]
- Complete all required fields on the annual report form and upload required attachments
- Attach the following other supporting documents as appropriate using the attachments tab above
  - Public Education and Outreach Annual Report Summary
  - Public Involvement and Participation Annual Report Summary
  - Illicit Discharge Detection and Elimination Annual Report Summary
  - Construction Site Pollution Control Annual Report Summary
  - Post-Construction Storm Water Management Annual Report Summary
  - Pollution Prevention Annual Report Summary
    - Leaf and Yard Waste Management
    - Municipal Facility (BMP) Inspection Report
    - Municipal Property SWPPP
    - Municipally Property Inspection Report
    - Winter Road Maintenance
  - Storm Sewer Map Annual Report Attachment
  - Storm Water Quality Management Annual Report Attachment

- TMDL Attachment
- Storm Water Consortium/Group Report
- Municipal Cooperation Attachment
- Other Annual Report Attachment
- Attach the following permit compliance documents as appropriate using the attachments tab above
  - Storm Water Management Program
    - Public Education and Outreach Program
    - Public Involvement and Participation Program
    - Illicit Discharge Detection and Elimination Program
    - Construction Site Pollutant Control Program
    - Post-Construction Storm Water Management Program
    - Pollution Prevention Program
      - Municipal Storm Water Management Facility (BMP) Inventory
    - Municipal Storm Water Management Facility (BMP) Inspection and Maintenance Plan
  - Total Maximum Daily Load documents (\*If applicable, see permit for due dates.)
    - TMDL Mapping\*
    - TMDL Modeling\*
    - TMDL Implementation Plan\*
    - Fecal Coliform Screening Parameter \*
    - Fecal Coliform Inventory and Map (S050075-03 general permittees Appendix B B.5.2 document due to the department by March 31, 2022)
    - Fecal Coliform Source Elimination Plan (S050075-03 general permittees Appendix B document due to the department by October 31,2023)
- Sign and Submit form

#### Municipal Contact Information- Complete

**Notice:** Pursuant to s. NR 216.07(8), Wis. Adm. Code, an owner or operator of a Municipal Separate Storm Sewer System (MS4) is required to submit an annual report to the Department of Natural Resources (Department) by March 31 of each year to report on activities for the previous calendar year ("reporting year"). This form is being provided by the Department for the user's convenience for reporting on activities undertaken in each reporting year of the permit term. Personal information collected will be used for administrative purposes and may be provided to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.]. **Note:** Compliance items must be submitted using the Attachments tab.

#### **Municipality Information**

Name of Municipality	Buchanan Town
Facility ID # or (FIN):	31099
Updated Information:	Check to update mailing address information
Mailing Address:	N178 County Rd N
Mailing Address 2:	
City:	Buchanan Town
State:	WI
Zip Code:	54915 xxxxx or xxxxx-xxxx

#### Primary Municipal Contact Person (Authorized Representative for MS4 Permit)

The "Authorized Representative" or "Authorized Municipal Contact" includes the municipal official that was charged with compliance and oversight of the permit conditions, and has signature authority for submitting permit documents to the Department (i.e., Mayor, Municipal Administrator, Director of Public Works, City Engineer).

Select to <i>create new</i> primary contact	ct
First Name:	Michael
Last Name:	Brown
Select to <i>update</i> current contact info	rmation
Title:	Town Administrator
Mailing Address:	N178 County Rd. N
Mailing Address 2:	
City:	Appleton
State:	<u>WI</u>
Zip Code:	54915 xxxxx or xxxxx-xxxx
Phone Number:	920-734-8599 Ext: xxx-xxx-xxxx
Email:	michaelb@townofbuchanan.wi.gov

#### **Additional Contacts Information (Optional)**

I&E Program

Individual with responsibility for: (Check all that apply)	<ul> <li>Municipal-wide</li> <li>Ordinances</li> <li>Pollution Preve</li> <li>Post-Construct</li> </ul>	e Procedure Manu e Water Quality P ention Program ion Program ay maintenance	
First Name:	Justin		
Last Name:	Keen		
Title:	Project Engineer		
Mailing Address:	1695 Bellevue		
Mailing Address 2:			
City:	Green Bay		
State:	<u>WI</u>		
Zip Code:	54311	xxxxx or xxxxx-xxxx	
Phone Number:	920-785-7303	Ext:	xxx-xxx-xxxx
Email:	justin.keen@ceda	rcorp.com	

# Municipal Billing Contact Person (Authorized Representative for MS4 Permit)

☑ Select to <i>create new</i> Billing contact	
First Name:	Michael
Last Name:	Brown
Select to <i>update</i> current contact info	rmation
Title:	Town Administrator
Mailing Address:	N178 County Rd. N
Mailing Address 2:	
City:	Appleton
State:	<u>WI</u>
Zip Code:	54915 xxxxx or xxxxx-xxxx
Phone Number:	920-734-8599 Ext: xxx-xxx-xxxx
Email:	michaelb@townofbuchanan.wi.gov

- 1. Does the municipality rely on another entity to satisfy some of the permit requirements?
- $\odot$  Yes  $\bigcirc$  No
- ✓ Public Education and Outreach NEWSC
- ✓ Public Involvement and Participation NEWSC
- ☑ Illicit Discharge Detection and Elimination NEWSC

Construction Site Pollutant Control NEWSC

✓ Post-Construction Storm Water Management NEWSC

Pollution Prevention

2. Has there been any changes to the municipality's participation in group efforts towards permit compliances (i.e., the municipality has added or dropped consortium membership)?

🔾 Yes 💿 No

**Missing Information** 

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7.

Form 3400-224 (R8/2021)

# Minimum Control Measures- Section 1: Complete

#### 1. Public Education and Outreach

- a. Does MS4 conduct any educational efforts or events independently (not with a group) 
   Yes
- b. How many total educational events were held during the reporting year: 1
- c. Were any of the public education and outreach delivery mechanisms conducted during the reporting year active or interactive?  $\odot$  Yes  $\bigcirc$  No
- d. Please select all storm water topics, target audiences, and delivery mechanisms used in the reporting year

Public Education and Outreach Delivery Mechanisms	(Active and Passive)
Active/Interactive Mechanisms	Passive Mechanisms
<ul> <li>Education activities (school presentations, summer camps)</li> <li>Information booth at event</li> <li>Targeted group training (contractors, consultants, etc.)</li> <li>Government event (public hearing, council meeting)</li> <li>Workshops</li> <li>Tours</li> <li>Other:</li> </ul>	<ul> <li>Passive print media (brochures at front desk, posters, etc.)</li> <li>Distribution of print media (mailings, newsletters, etc.) via mail or email.</li> <li>Media offerings (radio and TV ads, press release, etc.)</li> <li>Social media posts</li> <li>Signage</li> <li>Website</li> <li>Other:</li> </ul>

Topics Covered	Target Audience
✓ Illicit discharge detection and elimination	✓ General Public
✓ Household hazardous waste disposal/pet waste management/vehicle	✓ Public Employees
washing	Residents
Yard waste management/pesticide and fertilizer application	✓ Businesses
Stream and shoreline management	✓ Contractors
✓ Residential infiltration	✓ Developers
Construction sites and post-construction storm water management	✓ Industries
✓ Pollution prevention	✓ Public Officials
Green infrastructure/low impact development	Other:
Other:	

e. Will additional information/summary of these education events be attached to the annual report? ○ Yes ● No

If no, please provide additional comment in the brief explanation box below. *Limit response to 250 characters and/or attach supplemental information on the attachments page.* 

Exhibited at the Town of Buchanan Community Blood Drive in August 2023. Educational reach was approximately 25 people.

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

Form 3400-224 (R8/2021)

# Minimum Control Measures - Section 2 : Complete

## 2. Public Involvement and Participation

**a**. <u>Permit Activities</u>. Select all of the following topics the Permittee did to engage public participation and involvement.

Topics Covered	Target Audience	-	Regional Effort (Optional)
✓ MS4 Annual Report	General Public	<u>11-50</u>	$\bigcirc$ Yes $\bigcirc$ No
🗆 Storm Water Management	Public Employees		
Program	Residents		
Storm Water related ordinance	Businesses		
🗋 Other:	Contractors		
	Developers		
	Industries		
	Public Officials		
	🗌 Other		

**b**. <u>Volunteer Activities</u>. Select all of the following audiences targeted for volunteer involvement and participation related to storm water.

## ✓ NA (Individual Permittee)

Topics Covered		•	Regional Effort (Optional)
Volunteer Opportunity	General Public	<u>Select</u>	○Yes ○No
	Public Employees		
	Residents		
	Businesses		
	Contractors		
	Industries		
	Public Officials		
	🗌 Other		

**c**. Brief explanation on Public Involvement and Participation reporting. *Limit response* to 250 characters and/or attach supplemental information on the attachments page.

The Town is a member of NEWSC and provides public education and outreach materials through monthly stormwater utility meetings, public hearings, and printed/online materials on Town's website and Town Hall.

	Do not close your v	vork until you <b>SAVE.</b>	
Not	te: For the minimum control measures, you must fill out all questions in sections :	1 through 7	Form 3400-224 (R8/2021
N	1inimum Control Measures - Section 3 : Complete		
3.	. Illicit Discharge Detection and Elimination		
a.	How many total outfalls does the municipality have?	202	
b.	How many outfalls did the municipality evaluate as part of routine ongoing field screening program?	their 50	
c.	From the municipality's routine screening, how many were confirmed illicit discharges?	0	
d.	How many illicit discharge complaints did the municipality	receive? 0	
e.	From the complaints received, how many were confirmed discharges?	illicit 0	
f.	How many of the identified illicit discharges did the munici eliminate in the reporting year (from both routine screenin complaints)? (If the sum of 3.c. and 3.e. does not equal 3.f., please explain below.)		
g.	What types of regulatory mechanisms does the municipalit compliance with this program? Check all that are available were used in the reporting year.	•	•

	0	
Written Warning (including email)	0	
✓ Notice of Violation	0	
Civil Penalty/ Citation	0	

Additional Information:

<sup>h.</sup> Brief explanation on Illicit Discharge Detection and Elimination reporting. *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.* 

2023 IDDE report submitted concurrently to WDNR. There were no enforcement actions necessary or taken by the Town of Buchanan.

# **Missing Information**

Do not close your work until you SAVE.

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

N	Iinimum Control Measures - Section 4 : Complete		
	Construction Site Pollutant Control		
a.	How many total construction sites with one acre or more of land disturbing construction activity were active at any point in the reporting year?		0
b.	How many construction sites with one acre or more of land disturbing construction activity did the municipality issue permits for in the reporting year?		0
c.	How many erosion control inspections did the municipality complete in the reporting year (at sites with one acre or more of land disturbing construction activity)?		0
d.	What types of regulatory mechanisms does the municic compliance with this program? Check all that are avail were used in the reporting year.		•
	✓ Verbal Warning	0	
	Written Warning (including email)	0	
	✓ Notice of Violation	0	
	Civil Penalty/ Citation	0	
	✓ Stop Work Order	0	
	✓ Forfeiture of Deposit	0	
	Other - Describe below		

e. Brief explanation on Construction Site Pollutant Control reporting . *If you marked Unsure for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.* 

All active new single family home sites are inspected by the Town throughout the year.

# **Missing Information**

#### Do not close your work until you SAVE.

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

_		Form 3400-224 (R8/2021)				
N	Minimum Control Measures - Section 5 : Complete					
5	5. Post-Construction Storm Water Management					
a.	How many new structural storm water management Best Management Practice (BMP) have received local approval ? *Engineered and constructed systems that are designed to provide storm water quality control such as wet detention ponds, constructed wetlands, infiltration basins, grassed swales, permeable pavement,	1				
b.	Does the MS4 have procedures for inspecting and maintaining private storm	🔾 Yes 🖲 No				

water facilities? c. If Yes, how many privately owned storm water management facilities were 0 inspected in the reporting year ? Inspections completed by private landowners should be included in the reported number. d. Does the municipality utilize privately owned storm water management ○ Yes ● No BMP in its pollutant reduction analysis? e. Does MS4 have maintenance authority on these privately owned BMPs? NA f. How many municipally operated (private) storm water management BMPs were inspected in the reporting year? 0 What types of enforcement actions does the municipality have available to compel g. compliance with the regulatory mechanism? Check all that apply and enter the number of each used in the reporting year. ✓ Verbal Warning 0 ✓ Written Warning (including email) 0 ✓ Notice of Violation 0 ✓ Civil Penalty/ Citation 0 Forfeiture of Deposit 0 Complete Maintenance 0 ✓ Bill Responsible Party 0 Other - Describe below

e. Brief explanation on Post-Construction Storm Water Management reporting. If marked 'Unsure' on any questions above, justify your reasoning. Limit your response to 250 characters and/or attach supplemental information on the attachments page.

Town reviews all stormwater management facility permit applications and requires as built drawings and a maintenance agreement for any new facilities constructed.

# **Missing Information**

#### Do not close your work until you SAVE.

Note: For the minimum control measures, you must fill out all questions in sections 1 through 7

#### Form 3400-224 (R8/2021)

# Minimum Control Measures - Section 6 : Complete

## **6.** Pollution Prevention

Storm Water Management Best Management Practice Inspections 🗌 Not Applicable

a.	Enter the total number of municipally owned or operated (i.e., privately				
	owned BMPs) structural storm water management best management				
	practices.				
b.	How many new municipally owned storm water management best	0			
	management practices were installed in the reporting year?				
c.	How many municipally owned (public) storm water management best	6			
	management practices were inspected in the reporting year?				
d.	What elements are looked at during inspections (250 character limit)?				
	Inlet and outlet structures, banks, berms, conveyance, invasive species.				
e.	How many of these facilities required maintenance?	0			
<sup>f.</sup> Brief explanation on Storm Water Management Best Management Practic reporting. <i>If you marked Unsure for any questions above, justify the reaso</i>					

response to 250 characters and/or attach supplemental information on the attachments page.

Public Works Yards & Other Municipally Owned Properties that require a stormwater pollution prevention plan (SWPPP)\* 
V Not Applicable

Collection Services - *Street Sweeping Program* 
Not Applicable

- Did the municipality conduct street sweeping during the reporting year?
   Yes No
- <sup>m.</sup> If known, how many tons of material was removed?
- n. Does the municipality have a <u>low hazard exemption</u> for this material?
- o. If street sweeping is identified as a storm water best management practice in the pollutant loading analysis, was street cleaning completed at the assumed frequency?
  - Yes Explain frequency
  - No Explain Change over in Admin in 2023, evaluating budgets.
  - $\bigcirc$  Not Applicable

Collection Services - Catch Basin Sump Cleaning Program 🔽 Not Applicable

Collection Services - *Leaf Collection Program* 🗹 Not Applicable

Winter Road Management 🗆 Not Applicable

\*Note: We are requesting information that goes beyond the reporting year, answer the best you can.

- <sup>aa.</sup> How many lane-miles of roadway is the municipality responsible for doing snow and ice control? (*One mile of a two-way road equals two lane miles*.)
- <sup>ab.</sup> Provide amount of de-icing products used by month last winter season?
   Solids (tons) (ex. sand, or salt-sand)

⊖Yes ●No

46

8

Product		Oct	Nov	Dec	Jan	Feb	Mar		
Salt		0	3	12	29	58	24		
		(n n)							
	Liquids (gallons) (ex. bri	ne) Oct	Nov	Dec	Jan	Feb	Mar		
Brin	e	0	100	200	267	780	222		
	<u>_</u>	0	100	200	207	760	222		
ac.	Was salt applying machinery calibrated in the reporting year? •• Yes • No								
ad.	Have municipal personr the reporting year?	nel attendo	ed salt red	uction stra	tegy traini	ing in $\bigcirc$ Y	∕es ● No		
	Training Date	T	raining Name		# Attendance				
ae.	Brief explanation on Winte questions above, justify the supplemental information	e reasoning.	. Limit resp	onse to 250		-			
	Outagamie Highway Depa	rtment perf	forms all plo	owing and sa	Iting opera	tions for the	e Town.		
Int	ernal (Staff) Education &	k Commur	nication						
ag	<ul> <li>Has the municipality provided an opportunity for internal training O Yes No or education to staff implementing the municipality's procedures for each of the pollution prevention program element ?</li> <li>If yes, describe what training was provided (250 character limit):</li> <li>Describe how the municipality has kept the following local officials and municipal staff aware of the municipal storm water discharge permit programs, procedures and pollution prevention program requirements.</li> </ul>								
		Elected Officials							
	Stormwater Utility and Town Board meetings								
	Municipal Officials								
	Stormwater Utility and Town Board meetings								
ah	Appropriate Staff ( suc with public) Stormwater Utility an Brief explanation on I	d Town Bo	pard meet	ings and m	eetings wi	th staff			
	questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.								
_									

**Missing Information** 

# Minimum Control Measures - Section 7: Complete

#### 7. Storm Sewer System Map

- a. Did the municipality update their storm sewer map this year?
   Yes 

   Yes
   No
  - If yes, check the areas the map items that got updated or changed:
  - Storm water treatment facilities
  - Storm pipes
  - Vegetated swales
  - Outfalls
  - □ Other Describe below
- <sup>b.</sup> Brief explanation on Storm Sewer System Map reporting. *If you marked Unsure for an question for any questions above, justify the reasoning. Limit response to 250 characters and/or attach supplemental information on the attachments page.*

The Town doesn't currently have a storm sewer system map. A map will be developed within the upcoming year or two.

Form 3400-224 (R8/2021)

# **Final Evaluation - Complete**

#### **Fiscal Analysis**

Complete the fiscal analysis table provided below. For municipalities that do not break out funding into permit program elements, please enter the monetary amount to your best estimate of what funding may be going towards these programs.

Annual	Budget	Budget	Source of Funds		
Expenditure	Reporting Year	Upcoming			
Reporting Year		Year			
Element: Public Education and Outreach					
200	1000	1000	Storm water utility		
Flammant, Dublis Inc.					
Element: Public Invo		•			
200	1000	1000	Storm water utility		
Element: Illicit Disch	narge Detection	and Elimination			
1000	5000	5000	Storm water utility		
Element: Construct	ion Site Pollutar	nt Control			
8650	10000	10000	Permit fee and/or deposit/escrow		
Element: Post-Cons	struction Storm	Water Managem	nent		
16950	10350	12000	Storm water utility		
Element: Pollution	Prevention				
16950	10350	12000	Storm water utility		
<b>Other</b> (describe)					
			Select		
	[	1			

Please provide a justification for a "0" entered in the Fiscal Analysis. *Limit response to 250 characters*.

#### Water Quality

a: Were there any known water quality improvements in the receiving waters to which the

municipality's storm sewer system directly discharges to?○ Yes ● No ○ Unsure If Yes, explain below:

b: Were there any known water quality degradation in the receiving waters to which the municipality's storm sewer system directly discharges to?
Yes 

No
Unsure
If Yes, explain below:

**c**: Have any of the receiving waters that the municipality discharges to been added to the impaired waters list during the reporting year?

 $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  Unsure

d: Has the municipality evaluated their storm water practices to reduce the pollutants of concern?
 ● Yes ○ No ○ Unsure

# **Storm Water Quality Management**

**a**. Has the municipality completed or updated modeling in the reporting year (relating to developed urban area performance standards of s. NR 151.13(2)(b)1., Wis. Adm. Code)? • Yes  $\bigcirc$  No

**b**. If yes, enter percent reduction in the annual average mass discharging from the entire MS4 to surface waters of the state as compared to implementing no storm water management controls:

Total suspended solids (TSS) 67

Total phosphorus (TP) 57.2

# Status of Total Maximum Daily Loads (TMDLs) Implementation

The permittee Buchanan Town is subject to the following approved TMDLs: Lower Fox River Basin and Lower Green Bay

The permittee intends to comply with the following permit requirements to show progress towards meeting the TMDL:

[A.3.1] The Permittee is following the TMDL Compliance Plan, which received department concurrence prior to April 30, 2019.

The permittee is confirming that all planned efforts are on schedule.

● Agree ○ Disagree

# **Additional Information**

Based on the municipality's storm water program evaluation, describe any proposed changes to the municipality's storm water program. *If your response exceeds the 250 character limit, attach supplemental information on the attachments page.* 



Form 3400-224 (R8/2021)

# **Requests for Assistance on Understanding Permit Programs**

Would the municipality like the Department to contact them about providing more information on understanding any of the Municipal Separate Storm Sewer Permit programs?

Please select all that apply:

- Public Education and Outreach
- □ Public Involvement and Participation
- □ Illicit Discharge Detection and Elimination
- Construction Site Pollutant Control
- □ Post-Construction Storm Water Management
- Pollution Prevention
- □ Storm Water Quality Management
- □ Storm Sewer System Map
- □ Water Quality Concerns
- Compliance Schedule Items Due
- □ MS4 Program Evaluation

Form	3400-224(R8/2021)
------	-------------------

# **Required Attachments and Supplemental Information**

Any other MS4 program information for inclusion in the Annual Report may be attached on here. Use the Add Additional Attachments to add multiple documents.

Upload Required Attachments (15 MB per file limit) - <u>Help reduce file size and trouble shoot file uploads</u> \*Required Item

Note: To replace an existing file, use the 'Click here to attach file ' link or press the to delete an item.

# Attach - Other Supporting Documents AR\_Other Image: Brile Attachment NEWSC Annual Report 2023.pdf

(To remove items, use your cursor to hover over the attachment section. When the drop down arrow appears, select remove item)

#### **Attach - Permit Compliance Documents**

#### **IDDE\_Program**

File Attachment

2023 Buchanan IDDE Report.pdf

(To remove items, use your cursor to hover over the attachment section. When the drop down arrow appears, select remove item)

## **Missing Information**

Draft and Share PDF Report with the permittee's governing body or delegated representatives.

Press the button below to create a PDF. The PDF will be sent to the email address associated with the WAMS ID that is signed in. After the annual report has been reviewed by the governing body or delegated representative, return to the MS4 eReporting System to submit the final report to the DNR.

Draft and Share PDF Report

Form 3400-224(R8/2021)

# Sign and Submit Your Application

#### Steps to Complete the signature process

- 1. Read and Accept the Terms and Conditions
- 2. Press the Submit and Send to the DNR button

**NOTE:** For security purposes all email correspondence will be sent to the address you used when registering your WAMS ID. This may be a different email than that provided in the application. For information on your WAMS account click <u>HERE</u>.

# **Terms and Conditions**

**Certification:** I hereby certify that I am an authorized representative of the municipality covered under Buchanan Town MS4 Permit for which this annual report or other compliance document is being submitted, and that the information contained in this submittal and all attachments were gathered and prepared under my direction or supervision. Based on my inquiry of the person or persons under my direction or supervision involved in the preparation of this document, to the best of my knowledge, the information is true, accurate, and complete. I further certify that the municipality's governing body or delegated representatives have reviewed or been apprised of the contents of this annual report. I understand that Wisconsin law provides severe penalties for submitting false information.

Signee (must check current role prior to accepting terms and conditions)

○ Authorized municipal contact using WAMS ID.

○ Delegation of Signature Authority (Form 3400-220) for agent signing on the behalf of the authorized municipal contact.

○ Agent seeking to share this item with authorized municipal contact (authorized municipal contact must get WAMS id and complete signature).

	Name: Title:	
Authorized Signature.		

I accept the above

terms and conditions.

After providing the final authorized signature, the system will send an email to the authorized party and any agents. This email will include a copy to the final read only version of this application.