7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, ____

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition ____

SPDES ID N Y R 2 0 ____

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department

Address

City Zip -

Phone ( ) -

○ Library

Address

City Zip -

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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