

**Delegation of Signature Authority for Electronic Submittal
of WPDES Municipal Separate Storm Sewer System
(MS4) Permit Documents**

Form 3500-123 (R 09/17)

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Notice: This Delegation of Signature Authority (DSA) form is authorized by s. NR 205.07(1)(g), Wis. Adm. Code, to delegate electronic signature authority for the submittal of electronic MS4 Annual Reports or other MS4 permit compliance documents. To delegate electronic signature authority, submittal of a completed DSA form to the Department of Natural Resources (Department) is mandatory for any municipality regulated under 40 CFR Part 122, s. 283.33, Wis. Stats., and subch. III of ch. NR 216, Wis. Adm. Code. Failure to complete this form correctly will result in rejection of the submittal by the Department. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law (ss. 19.31 - 19.39, Wis. Stats.).

Please read all instructions before completing and type or clearly print the information. Submission of this DSA constitutes notice that the authorized municipal contact identified in Section I has authorized the person identified in Section II to electronically sign the MS4 permit document for the permitted municipality. The completed DSA form shall be submitted electronically as an attachment to the MS4 permit document. Mailed copies will not be accepted.

Note: Submission of a DSA form is not required when the authorized municipal contact electronically signs the MS4 permit document via the online water permit application system.

Section I: Municipal Information

Name of Municipality	Authorized Municipal Contact (first and last name)		
Village of Fox Crossing	Jeff Sturgell		
Mailing Address	City	State	ZIP Code
2000 Municipal Drive	Neenah	WI	54956
E-mail Address	Phone Number (include area code)	Alternate Phone Number	
jsturgell@foxcrossingwi.gov	(920) 720-7101		

Section II: Delegated Signatory Information

Name (individual, company, organization, or entity)	Signatory Name (first and last name)		
McMahon	Andrew Schmidt		
Mailing Address	City	State	ZIP Code
1445 McMahon Drive	Neenah	WI	54956
E-mail Address	Phone Number (include area code)	Alternate Phone Number	
aschmidt@mcmgrp.com	(920) 751-4200		

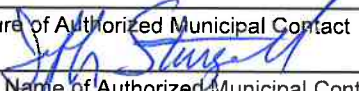
Certification

This is to notify the Department that as the authorized municipal contact, I delegate signature authority to the person identified in Section II for electronic signature of the MS4 permit document pursuant to ch. NR 216, Wis. Adm. Code. I authorize the person identified in Section II pursuant to the delegation of signature authority process set forth in s. NR 205.07(1)(g), Wis. Adm. Code.

As required by NR 205.07(1)(g)2, Wis. Adm. Code, this form will be submitted to the Department with the MS4 permit document. I understand that if there are any changes to this authorization, a new complete DSA form shall be submitted to the Department. I understand that the municipality is the permittee under ch. NR 216, Wis. Adm. Code, and as such, I am responsible for compliance with the contents of the MS4 permit document associated with the WPDES Municipal Separate Storm Sewer System (MS4) Permit. I understand that I have the opportunity to create a Wisconsin Management System (WAMS) ID to electronically sign the MS4 permit document, but without a WAMS ID, I do not have access to the online water permit application system. I am entrusting the person identified in Section II to electronically sign the MS4 permit document on my behalf and submit all required information and attachments.

For this DSA form, the MS4 permit document and all required information and attachments, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NOTE: The person signing below must be a representative of the municipality as described in the instructions. Failure to properly complete and sign this form will result in its rejection.

Signature of Authorized Municipal Contact	Date Signed
	11/16/18
Printed Name of Authorized Municipal Contact	Title
JEFFREY STURGELL	VILLAGE MANAGER