

5690581587

**MS4 Municipal Compliance Certification(MCC) Form**  
MCC form for period ending March 9, 2018

SPDES ID

N Y R 2 0 A 5 0 7

Name of MS4 BRIARCLIFF MANOR SCHOOL DISTRICT

**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☒ Principal Executive Officer/Chief Elected Official
- ☒ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name J A M E S MI Last Name K A I S H I A N  
Title S U P E R I N T E N D E N T O F S C H O O L S  
Address 4 5 I N G H A M R O A D  
City B R I A R C L I F F M A N O R State N Y Zip 1 0 5 1 0 -  
eMail J K a i s h i a n @ b r i a r c l i f f s c h o o l s . o r g  
Phone ( 9 1 4 ) 4 3 2 - 8 1 1 5 County W E S T C H E S T E R

5690581587

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2 0 1 8

Name of MS4 BRIARCLIFF MANOR SCHOOL DISTRICT

SPDES ID

N Y R 2 0 A 5 0 7

**Section 2 - Contact Information****Important Instructions - Please Read**Contact information must be provided for *each* of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official
- ☐ Duly Authorized Representative
- ☒ Local Stormwater Public Contact
- ☒ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name

A N T H O N Y

MI

Last Name

B A U S O

Title

A S S I S T A N T D I R E C T O R O F F A C I L I T I E S

Address

4 5 I N G H A M R O A D

City

B R I A R C L I F F M A N O R

State

N Y

Zip

1 0 5 1 0 -

eMail

A B a u s o @ b r i a c l i f f s c h o o l s . o r g

Phone

( 9 1 4 ) 4 3 2 - 8 1 3 4

County

W E S T C H E S T E R