

MCC form for period ending March 9,	2	0	1	1
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Name of MS4	Town of Kent
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Important Instructions - Please Read

Contact information must be provided for

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per

- 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Executive Officer

- ☐ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☒ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name											
B	r	u	c	e							

MI

Last Name												
B	a	r	b	e	r							

Title																				
S	t	o	r	m	w	a	t	e	r		C	o	n	s	u	l	t	a	n	t

Address																										
1	7	7	0		C	e	n	t	r	a	l		S	t	r	e	e	t								

City																			
Y	o	r	k	t	o	w	n		H	e	i	g	h	t	s				

State	
N	Y

Zip

1	0	5	9	8
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eMail
b r u c e @ c o r n e r s t o n e s n y . c o m

Phone (9 1 4) 9 6 2 - 7 7 3 3

County										
W	e	s	t	c	h	e	s	t	e	r