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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Planning Department

Address: 2 Halfmoon Town Plaza

City: Halfmoon NY Zip: 12020-

Phone: (518) 371-7410

○ Library

Address:

City: Zip: -

Phone: ( ) -

○ Other

Address:

City: Zip: -

Phone: ( ) -

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

URL

URL