

2. Control measure or component of control measure to be implemented by entity on your behalf: _____

B. Attach an additional page if necessary to list additional shared responsibilities. **It is mandatory that you submit a copy of a written agreement between your MS4 and the other entity demonstrating written acceptance of responsibility.**

3. **Certification Statement**

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 gathered and evaluated the information submitted. Based upon 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.

Printed Name: L. Mark Barber Date: Sept. 22, 2022

Signature: R. Mark Barber Title: City Manager