

**Town of Seabrook, New Hampshire  
DESIGNATION OF AUTHORIZED REPRESENTATIVE**

The Seabrook Municipal Sewer System Ordinance establishes the following requirements for an individual to be designated as Authorized Representative of a company or organization for the purpose of obtaining a municipal wastewater discharge permit:

- 1. "If the user is a corporation: the president, vice-president, or other legally appointed officer of the corporation.**
- 2. "If the user is a partnership or sole proprietorship: a general partner or proprietor, respectively.**
- 3. "If the user is a Federal, State, or local governmental facility: a director or the highest official appointed or designated to directly oversee the operation and performance of the activities of the government facility.**
- 4. "The individuals described in paragraphs (1) through (3), above, may designate another authorized representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the user, and the written authorization is submitted to the Town."**

Please complete the following designation statement:

<p>On behalf of _____ (<i>name of the corporation, partnership, business or organization</i>), I hereby designate _____ (<i>full name or unique position title of the designated individual</i>) as an Authorized Representative for the purpose of obtaining and administering a wastewater discharge permit from the Town of Seabrook, New Hampshire. The designated individual meets the requirements established by the Town, and is granted sufficient decision-making authority and organizational freedom to ensure the company's compliance with municipal, State and Federal environmental regulations. As Designator, I certify that I meet the qualifications presented in either paragraph 1, 2, or 3 above, and that I am legally authorized to make this designation on behalf of the corporation, partnership, business or organization.</p>	
_____ Signature	_____ Printed Name
_____ Title	_____ Date

Please complete this document and return it to the following address:

**Industrial Pretreatment Program Manager  
Town of Seabrook Sewer Department  
P.O. Box 456  
Seabrook, NH 03874**

**Incomplete or unsigned forms will not be accepted and will be returned to the sender.**