

**SUBSCRIBER AGREEMENT FOR SUBMITTING DATA ELECTRONICALLY**  
**TO THE CITY OF GRAND RAPIDS, MI**

In accepting the electronic signature credential issued by the City of Grand Rapids, MI, Environment Services Department, hereafter referred to as the City, to sign electronic reports submitted to the City's LinkoExchange system.

Permit # \_\_\_\_\_ Permittee \_\_\_\_\_  
Located: \_\_\_\_\_

I \_\_\_\_\_ (1) understand and agree to submit self-monitoring data required by the Industrial Wastewater Discharge Permit, referenced above, through electronic format, and I agree that the use of my electronic signature device (Username, PIN, and Challenge Question/Answer) shall serve as a legally enforceable signature in the same manner as an original signature on a paper document pursuant to the provisions of M.C.L. 450.831 et seq. I will be held legally bound, obligated, or responsible for my use of my electronic signature as I would be using my hand-written signature in submitting an electronic document to the LinkoExchange system.

(2) Agree to protect the security of my password and system credentials from compromise and shall take all necessary steps to prevent its loss, disclosure, modification, or unauthorized use.

(3) Agree not to attempt to use or create automated log-in scripts using my electronic signature credentials.

(4) Agree to report to the City within 24 hours of discovery, any evidence of loss, theft or other compromise of my electronic signature.

(5) agree to notify the City if I cease to represent the regulated entity specified above as signatory of that organization's electronic submissions to the LinkoExchange system as soon as this change in relationship occurs and to sign a surrender certification at that time.

Signatory Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(print)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Authorization by immediate supervisor or witnessing official: I \_\_\_\_\_ acknowledge that the individual named above works at/for \_\_\_\_\_ and is authorized to submit documents on the company's behalf.

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(print)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Forms to Mr. Kurt Anderson**  
**City of Grand Rapids ESD**  
**Water Pollution Control Officer**  
**1300 Market Ave.**  
**Grand Rapids, MI 49503**  
**Tel. 616.456.3260**  
**Fax. 616.456.4423**