



EXIT FORM  
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## Notice of Intent - GP ALR040000 (Form 503 - Mods/Transfers/Reissuances MS4 F



**Submission** HP9-C6ZP-Z7D5T **Revision 2** **Form Version 1.1**

Calculated Fee



Computed at Payment



### Signing

1

### Choose Signers

Who will be signing this form?



Me

Someone else

2

### Invite a Signer

Please **fill in information for the user** who will need to sign. When you finish this process, they will each be **sent an email invitation to sign the form.**

Please make sure you specify the correct email address.

CORRECTION REQUESTS (1)

Email

joe.davis@baldwincountyal.gov

Signing Instructions (optional)

There are one or more areas of the form that have not been fully completed.  
In order to submit this form, please revisit the section(s) marked with errors, and correct any missing or invalid fields.

You must address all open Correction Requests in order to submit this form.

SEND INVITE

Finish Later