

Reporting Period: 20 Info same as last year Y/N

**Please type in ALL CAPS and N/A for
 "Not Available" or "Not Applicable" where
 appropriate**

Facility Name >

Division/specific

Mailing Address

Street Address


City State Zip

Cross Street County

Latitude Longitude

Type of Business

SIC Codes Dun & Brad#


Owner/Operator 

Mail Address


Site Plan Attached Y/N> Site Coordinates Used on Plan? Y/N> Spill Prevention Devices Shown? Y/N>

Emergency Contacts

Local Contact Name Title


 24 Hour

Backup Contact Title

 24 Hour

Company/Facility EPCRA Compliance Coordinator (whoever filled out this form)

Name and Organization

 Compliance

CERTIFICATION by Repsonsible Organization Official (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Typed Name

Signature Signed: MO DD YR