



# Massachusetts Department of Environmental Protection Adjudicatory Hearing Fee Transmittal Form

**IMPORTANT!** This form is intended for fee transmittal only. The contents of a request for an adjudicatory appeal (Notice of Claim) are established at 310 CMR 1.01(6) and the substantive statutes and regulations governing the Department's action.

## A. Person/Party Making Request

1. Name and address of person or party making request:

\_\_\_\_\_  
Name - If appropriate, name group representative

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

2. Project Information:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
DEP File or ID Number

\_\_\_\_\_  
\$  
Amount of filing fee attached

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



## B. Applicant (if applicable)

1. Name and address of applicant:

\_\_\_\_\_  
Name - If appropriate, name group representative

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## C. Instructions

1. Send this form and check or money order of \$100.00 payable to the Commonwealth of Massachusetts to the MassDEP Lockbox at:  
  
Department of Environmental Protection  
P.O. Box 4062  
Boston, MA 02211
2. Send a **copy** of this form and a **copy** of the check or money order with the Request for Adjudicatory Appeal (Notice of Claim) to:  
  
Case Administrator  
Office of Appeals and Dispute Resolution  
One Winter Street  
Boston, MA 02108