

DEP Invoice Information Correction Form

If any of the information appearing on the enclosed invoice is incorrect, please provide us with the correct information on this form. In order for us to make changes in our records you must provide all of the information requested below for each type of record change, sign and date this form. **Return this correction form along with the invoice remit slip and your payment in the return envelope provided, or send them to: The Department of Environmental Protection, Commonwealth Master Lock Box, P.O. Box 3982, Boston, MA 02241-3982**

For All Corrections

The following information is required for processing all record changes.

- Please Print -

Information as it appears on the top portion of your invoice

Company Name: _____ Invoice Number: INTFACF _____

Customer Number : VC _____

Did the requested correction or change to DEP records occur for any of the following reasons? Please check all that apply.

Ownership Change *Company Name Change* *The Company Moved to a New Location*

Business Closed ***Please provide the effective date of the change: ____/____/____***

Other Required Information

Federal W-9 form required for all company name or ownership changes

Company Federal Employer Identification Number (FEIN): _____

Contact Name: _____ Telephone # _____

Attestation

I have examined this request and to the best of my knowledge and belief, all information supplied on this form is true, correct, and complete. Attest:

Signature of Company Official _____ Date: _____

Name & Title _____ Email Address _____

Mailing Name/Address Correction

If any of the information in the "Bill to" name and address at the top of your invoice is incorrect, please provide the following corrected information.

Company Legal Name (as it appears on your W-9 form): _____

Additional address information including Division or Department: _____

Street Address/P.O. Box: _____

City/Town: _____ Zip _____

Location Name/Address Correction

If any of the information in the company name and location address on the lower portion of your invoice is incorrect, please provide us with the correct information below.

Company Name: _____

Street Address: _____

City/Town: _____ Zip Code: _____

Review Request/Hardship Request Form on reverse

Fee Review Request / Hardship Request Form

Fee Review Request

The permit categories listed under "Description" on the front of this invoice represent the formal status of your permit(s) in the records of the Department at the beginning of the Fiscal Year on July 1, or for Environmental Results Program certifiers, the date the facility certified, on or before the certification due date. If you believe your permit has been assigned to the wrong category you may request a review on or before the payment due date on your original invoice. Please complete all of the required information below. **All review requests must be accompanied by payment in full of the amount of the fee due for the category you assert is appropriate.**

Hardship Request for Payment Plan

In cases of severe financial hardship, you may request a payment plan. Please complete all of the required information below and provide us with a statement of the specific circumstances you believe constitute severe financial hardship; a proposed schedule for making payment. All requests to extend the time for making payment must be filed in writing on or before the due date on the front of the original invoice.

A written determination will be issued for both types of requests. Return this form along with the invoice remit slip and your payment in the return envelope provided, or send them to: The Department of Environmental Protection, Commonwealth Master Lock Box, P.O. Box 3982, Boston, MA 02241-3982

Before we process this form we must have your Company Federal Identification Number or (FEIN) _____

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The following information is required for processing all requests.

- Please Print -

Information as it appears on invoice or as corrected on the reverse side of this form

Invoice Number: _____ Customer Number: VC _____
Permittee/Company Name: _____ Secondary Name: _____
Mailing Address: Street/P.O. Box _____ City/Town _____ Zip _____
Facility Site Address: Street _____ City/Town _____ Zip _____

Reason for Fee Review Request

Business Closed Prior to July 1, or Sept. 15 of last year, for ERP Certifiers **Effective Date of Closure:**

_____/_____/_____

Incorrect Permit Fee Category

Other _____

Fee category and amount on invoice being contested: _____ \$ _____

Fee category and amount you assert is appropriate: _____ \$ _____

Please explain the reason that you believe the permit fee category change is appropriate or the specific circumstances you believe constitute severe financial hardship. Also include payment plan information and any additional comments below. You may attach additional pages as necessary. _____

Contact Name: _____ Telephone # _____

Email Address _____

Attestation

I have examined this request and to the best of my knowledge and belief, all information supplied on this form is true, correct, and complete. Attest:

Signature of Company Official _____ Date: _____

Name & Title _____