

# 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**

**1- First, complete this section for processing all changes. Then, complete the sections below depending on the type of corrections needed: 2-Mailing information, or 3-Location information**

## 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     Only Company Name Changed     Company Moved to a New Location  
-Same owner-

Business Closed    **For ALL changes provide the effective date of the change:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Other Required Information

**\*Include a W-9 form for company name change only\***

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 \_\_\_\_\_

## **2- 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 \_\_\_\_\_

## **3- 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: \_\_\_\_\_