Massachusetts Department of Environmental Protection
Bureau of Waste Prevention

TURA Billing Information Form

Reporting Year

Facility Name

DEP Facility ID Number

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

a. Facility Name

b. Facility Legal Name **(as known by the Dept. of Revenue and Secretary of the Commonwealth)**

c. Facility Site Name

d. Facility d/b/a (doing business as) Name

e. Facility is a Subsidiary of or Owned by

Chief Financial Officer/Accountant

f. First Name

g. Last Name

h. Please Check if this is to whom the invoice should be sent. ☐

i. Phone

j. Ext.

k. Fax

Person Responsible for Accounts Payable

l. First Name

m. Last Name

n. Please Check if this is to whom the invoice should be sent. ☐

o. Phone

p. Ext.

q. Fax

Facility Site Address

r. Street Address (Line 1)

s. Street Address (Line 2)

t. City

u. State MA

v. Zip

Facility Billing Address

w. Address (Line 1)

x. Address (Line 2)

y. City

z. State

aa. Zip

bb. Taxpayer Identification Number (Federal Employer Identification Number or FEIN)

cc. Toxics Release Inventory (TRI) ID Number