



# 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

Email Address

## B. Applicant (if applicable)

1. Name and address of applicant:

Name - If appropriate, name group representative

Street Address

City

State

Zip Code

Email Address

## 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:

MassDEP Office of Appeals and Dispute Resolution  
Case Administrator  
100 Cambridge Street, Suite 900  
Boston, MA 02114

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

