



Department of Environmental Protection

File Review Request Form

Today's Date:	
Your Company Name:	
Telephone:	
Contact Person:	
Requested Date(s):	

Town	File Address	File Name	File Number/RTN
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please fax this form to the Regional Office that serves the city or town in which the facility or site that you wish to review is located. To find Regional Offices by the city or town they serve and the dates/times when file review is available for each office, please see: <https://www.mass.gov/service-details/massdep-regional-offices-by-community>.