

# MassDEP Invoice Information Correction Form

Complete this side if any of the information appearing on your MassDEP invoice is incorrect.

17

## SECTION 1 - GENERAL INFORMATION (REQUIRED)

### CURRENT BILLING INFORMATION - as it appears on the top portion of your invoice:

Company Name: \_\_\_\_\_

Invoice Number\*: INTACF \_\_\_\_\_ Customer Number\*: VC \_\_\_\_\_

*\*Leave blank if you have not yet received an invoice for your facility.*

### CORRECTION TYPE – check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Ownership Change   | <input type="checkbox"/> Mailing Address Change  |
| <input type="checkbox"/> Name Change Only (ownership remains the same) *W-9 is<br>REQUIRED to demonstrate name change | <input type="checkbox"/> Business Closed         |
| <input type="checkbox"/> Facility Location Change   | <input type="checkbox"/> General Typo Correction |

Effective date of the above change(s): \_\_\_\_\_

### FACILITY INFORMATION:

**\*PLEASE ATTACH A COPY OF YOUR W-9 FOR OUR RECORDS\***

Company Federal Employer Identification Number (FEIN): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  W-9 Included

## SECTION 2 - MAILING NAME/ADDRESS CORRECTION

Complete this section to correct the “Bill to” name/address at the top of your invoice.

NOT APPLICABLE. Please leave my “Bill to” info as it appears on the top of my invoice.

Company Legal Name (as it appears on your W-9): \_\_\_\_\_

Additional address information (e.g., Division,  
Department, or title; NO personal names): \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

## SECTION 3 - FACILITY NAME/ADDRESS CORRECTION

Complete this section to correct the facility name/location address on the lower portion of your invoice.

NOT APPLICABLE. Please leave my facility name/location as it appears on the lower portion of my invoice.

Facility Name: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

## ATTESTATION (REQUIRED)

*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:*

Name & Title (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Hardship Request/ Fee Review Request Form on reverse]

**SEND US THIS FORM. Fill out this form, then print and sign it.** Return (1) this form, (2) your invoice remit slip, (3) a copy of your W-9, and (4) your payment (as applicable). **Scan and email** to: [dep.compliance-fees@state.ma.us](mailto:dep.compliance-fees@state.ma.us), OR send by mail in the return envelope provided, OR send to: The Department of Environmental Protection, Commonwealth Master Lock Box, P.O. Box 3982, Boston, MA 02241-3982.

Questions? Please e-mail us at [dep.compliance-fees@state.ma.us](mailto:dep.compliance-fees@state.ma.us) OR

Call our Helpline 1-888-846-4067

# MassDEP Hardship Request / Fee Review Request Form

17

Complete this side if you believe your facility was billed incorrectly, or if you have suffered a severe hardship and would like to request a payment plan for your bill. **NOTE: All requests must be filed in writing on or before the due date on the front of the original invoice.**

## SECTION 1 - GENERAL INFORMATION (REQUIRED)

**CURRENT BILLING INFORMATION** - as it appears on the top portion of your invoice:

Company Name: \_\_\_\_\_  
Invoice Number: INTACF \_\_\_\_\_ Customer Number: VC \_\_\_\_\_

## SECTION 2 – HARDSHIP REQUEST

I would like to request a payment plan, as I have experienced a severe hardship.

**REASON FOR HARDSHIP REQUEST:** Please explain the specific circumstances you believe constitute severe financial hardship. Include a proposed payment plan schedule for making payment and any additional comments below. You may attach additional pages as necessary.

\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3 – FEE REVIEW REQUEST

I would like to request a fee review because I disagree with my permit category.

NOTE: The permit categories listed under “Description” on the front of your invoice represent the formal status of your permit(s) in the records of the Department at the beginning of the Fiscal Year (July 1 or Sept 15 for the ERP Program). **All review requests must be accompanied by payment in full of the amount of the fee due for the category you assert is appropriate.**

**REASON FOR FEE REVIEW REQUEST:**

- Business closed prior to billing. Effective date of closure: \_\_\_\_\_
- Incorrect Permit Fee Category. Notes: \_\_\_\_\_
- Other: \_\_\_\_\_

**Fee category/amount on invoice being contested:** Category: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Fee category/amount you assert is appropriate:** Category: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**COMMENTS:** Please explain the reason that you believe the permit fee category change is appropriate and include any additional comments below. You may attach additional pages as necessary.

\_\_\_\_\_  
\_\_\_\_\_

## SECTION 4 - FACILITY INFORMATION (REQUIRED)

**\*PLEASE ATTACH A COPY OF YOUR W-9 FOR OUR RECORDS\***

Company Federal Employer Identification Number (FEIN): \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  W-9 Included

## ATTESTATION (REQUIRED)

*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:*

Name & Title (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SEND US THIS FORM. Fill out this form, then print and sign it.** Return (1) this form, (2) your invoice remit slip, (3) a copy of your W-9, and (4) your payment (as applicable). **Scan and email** to: [dep.compliance-fees@state.ma.us](mailto:dep.compliance-fees@state.ma.us), OR send by mail in the return envelope provided, OR send to: The Department of Environmental Protection, Commonwealth Master Lock Box, P.O. Box 3982, Boston, MA 02241-3982.

Questions? Please e-mail us at [dep.compliance-fees@state.ma.us](mailto:dep.compliance-fees@state.ma.us) OR

Call our Helpline 1-888-846-4067