

Massachusetts Department of Environmental Protection Bureau of Air & Waste - Toxics Use Reduction (TUR) Program

TURA Facility Closure Form

A. Facility Information – Please type or print

Facility Name	MassDEP Facility ID#	
Facility Address		
City/Town	MA State	Zip Code
Contact Email Address (Required)	Contact Telephone Number	

B. Closure Information

The facility's most recent annual TURA filing indicated that the facility is closing. Please answer the following questions:

Is the facility closing? Yes No

If yes, provide the date the facility is closing _____

Will the facility need to file a toxic use report in the next calendar year for activities that occurred in the current calendar year?

Yes No

If yes, please provide the name, email address, and phone number of the contact who will be responsible for filing the future report in the space below as well as where the final bill should be mailed.

Contact Name (Required)		
Contact Email Address (Required)	Contact Telephone Number (Required)	
Address		
City/Town	State	Zip Code

C. Certification Statement

“I certify that I have personally examined and am familiar with the information submitted in this document and all attachments and that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.”

Full Name of Senior Management Official	Title of Senior Management Official	Company Name
Signature of Senior Management Official	Date (MM/DD/YYYY)	

Submit a scan of this completed and signed form to: tura.program@mass.gov.