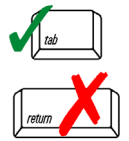




**Massachusetts Department of Environmental Protection
Bureau of Air & Waste
Toxics Use Reduction (TUR) Program
TUR/NA – Facility Closure Form**

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 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

Your facility's most recent annual TURA filing indicated that your facility is closing. Please answer the following items:

Is your facility closing? Yes No

If yes, date 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.

_____ Contact Name (Required)		
_____ Contact Email Address (Required)		_____ Contact Telephone Number

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