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| --- | --- | --- | --- | --- |
| 1. 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 | |
|  | | | | |
| 1. 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](mailto:tura.program@mass.gov) | | | | |