

TOXIC CHEMICAL RELEASE INVENTORY (TRI) FEE FORM

Reporting Year _____

FLORIDA STATE EMERGENCY RESPONSE COMMISSION

**FOR FACILITIES SUBJECT TO SECTION 313 OF THE
EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT**

Facility Name: _____

Owner Name: _____ Operator Name: _____

TRI Identification Number: _____

Business Address: _____

Physical Address: _____

Contact Person: _____ Title: _____

Telephone number: _____

TYPE OF SUBMISSION / FEE CALCULATION

FORM R: Number of Form R Reports Submitted: _____ X \$ 150.00 = \$ _____

FORM A: Number of Total Chemicals Submitted: _____ X \$ 75.00 = \$ _____

TOTAL = \$ _____

Form(s) Attached: _____ YES _____ NO, sent under separate cover

**MAKE CHECKS OR MONEY ORDERS PAYABLE TO: CASHIER, DEPARTMENT
OF COMMUNITY AFFAIRS (PLEASE DO NOT SEND CASH)**

**SUBMIT TO: STATE EMERGENCY RESPONSE COMMISSION
2555 Shumard Oak Boulevard
Tallahassee, FL 32399-2149
(850) 413-9970 or (800) 635-7179 (In Florida)**

Name/Title of Person Filing Form: _____

Signature: _____ Date: _____

DUE DATE: JULY 1 EACH YEAR

HMP-08-00