

Reporting Year 19__

FLORIDA STATE EMERGENCY RESPONSE COMMISSION
FOR HAZARDOUS MATERIALS
TOXIC CHEMICAL RELEASE INVENTORY (TRI)

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

FACILITY NAME: _____

COMPANY NAME: _____
(if different)

BUSINESS
ADDRESS: _____

PHYSICAL
ADDRESS: _____

LATITUDE: _____ LONGITUDE: _____

TRI IDENTIFICATION NUMBER: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

NUMBER OF TRI REPORTS

SUBMITTED: _____ X \$ 150 = \$ _____

(Note: Each Section 313 chemical requires a separate report)

TRI REPORTS ATTACHED: ___ YES ___ SENT UNDER SEPARATE COVER

MAKE CHECKS OR MONEY ORDERS PAYABLE TO: CASHIER, DEPARTMENT OF
COMMUNITY AFFAIRS (SEND NO CASH)

MAIL TO: STATE EMERGENCY RESPONSE COMMISSION

2555 Shumard Oak Boulevard

TALLAHASSEE, FLORIDA 32399-2100

(850) 413-9970 or (800) 635-7179 (In Florida)

DUE DATE: JULY 1 EACH YEAR