

**State Emergency Response Commission
Request for Emergency Planning and Community Right-to-Know
Connecticut Information**

Organization Requesting Information: _____

Contact Person: _____

Phone Number including area code: _____

Email Address: _____

Mailing Address: _____

Street Address and PO Box

City: _____ State: _____ Zip: _____

Geographical (Town and Facilities) Description: Note the Federal law states the request must be site specific. Please provide the name of the facility, the town and the specific years of information that you are requesting.

By signing below, I acknowledge and agree of the terms set forth by the State Emergency Response Commission for use and dissemination of the EPCRA information. The SERC considers this information to be restricted information of a security sensitive nature. I thus affirm and agree that the information provided by the SERC in this report will be used solely for and by bona fide emergency planning and response organizations for the expressed purposed of emergency and contingency planning. This information will not be distributed publicly in whole or in part without the expressed written permission of the SERC.

Signature of person requesting EPCRA Information

Title of person requesting EPCRA information

Return completed form to:

Department of Energy and Environmental Protection
c/o State Emergency Response Commission
Bureau of Materials Management and Compliance Assurance
79 Elm Street
Hartford, CT 06106-5127

For SERC Administrative Use Only

Date received (postage date): _____ File search conducted on: _____

Time Period Covered: _____ File search by: _____

Facilities/Towns Covered: _____ Records found: _____