

WISCONSIN TIER II EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

CONFIDENTIAL LOCATION INFORMATION SHEET

Wisconsin Emergency Management
DMA 1005 (R11-21) Wis. Stat. 323.60

Facility Identification

| | | | | |
|-------------------------|---------------|-------------------------------|---------------------|-------------------|
| WEM Facility ID # | Facility Name | EIN/FEIN # | NAICS Code | |
| Facility Street Address | | County | City | Zip Code |
| Owner/Operator Name | | Owner/Operator Street Address | Owner/Operator City | State Zip Code |

Chemical Description

****See Instructions (9d) for Storage Codes****

| | | | | | | |
|------------|------------|-----------------------------|---------------|------------------------------|----------------------------------|--|
| CAS Number | | <input type="checkbox"/> NA | Chemical Name | | | |
| 1 | Container* | Pressure* | Temperature* | Storage Location Description | Max Amt. at Location (in Pounds) | Confidential <input type="checkbox"/> |
| 2 | Container* | Pressure* | Temperature* | Storage Location Description | Max Amt. at Location (in Pounds) | Confidential <input type="checkbox"/> |
| 3 | Container* | Pressure* | Temperature* | Storage Location Description | Max Amt. at Location (in Pounds) | Confidential <input type="checkbox"/> |

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Certification (Signature Required)

I certify under penalty of law that I have personally examined and am familiar with the information submitted on pages 1 through ___ (indicate last page) in addition to all attached documents, and that, based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

| | | | |
|---|----------------|-----------|------|
| Name of Owner/Operator or Authorized Representative | Official Title | Signature | Date |
|---|----------------|-----------|------|

Please return forms with signatures to: Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865. Unsigned forms will be returned for a signature. For assistance call (608)242-3225. The information provided to WEM will be entered by WEM staff in the order it was received. When entered into the system, the information will be available to the County LEPC and the local Fire Department; and this meets the requirement to provide this information to them.