

**INVENTORY FEE INVOICE**For chemicals present during calendar year **2025**Wisconsin Emergency Management  
DMA Form 1160 (R12-25)**Fee Payment Instructions**

-- Complete the right-hand portion of this INVENTORY FEE INVOICE form and mail it with the fee payment to:

**Wisconsin Emergency Management  
Fee Processing Service  
Drawer 988  
Milwaukee, WI 53293-0988**

-- Make checks payable to: **Wisconsin Emergency Management (WEM)**  
-- **Mail this Fee Invoice Form along with payment to ensure proper application of the payment to your facility's account**

*Note: New facilities will be issued a WEM ID #*

**Program Documents Submission Instructions**

The signed Wisconsin Tier II Emergency and Hazardous Chemical Inventory Report form with attached site plan and any other correspondence or documents should be mailed to:

**Wisconsin Emergency Management  
Attn: Facility Reporting Section  
P.O. Box 7865  
Madison, WI 53707-7865**

*Please Note: The information you provide to WEM will be entered by WEM staff in the order that it is received. When entered into the system, the information will be available to LEPCs and local Fire Departments, and meets the requirement to provide this information to them.*

**Inventory Fee Invoice****WEM Facility ID #:**

*[See Section 1 "Facility Identification" of WI Tier II Report]*

**Owner's Employer Identification Number (EIN/FEIN):**

*[See Section 1 "Facility Identification" of WI Tier II Report]*

**Facility Name:****Facility Street Address:****City, State, Zip:****Facility County:****Annual Inventory Fee Owed:**

*[See Section 13(e) "Fee Owed" of WI Tier II Report]*

**Late Payment Surcharge:**

*[See Section 13(f) "Late Payment Surcharge" of WI Tier II Report]*

**Total Fee Remitted:**

*[See Section 13(g) "Total Fee Remitted" of WI Tier II Report]*

**Payer Check Number:**