

CITY OF NEW YORK
Department of Environmental Protection
Division of Emergency Response & Technical Assessment
Right-to-Know Program

Fee Invoice

Make check or money order payable to: **NYC Commissioner of Finance** and should be stapled to this completed form or a copy of this form and sent in with your FIF submission.

Facility Name: _____ **ID:** _____

Location: _____ **E Mail Address:** _____

Check Number _____
TOTAL Number of Chemicals _____ Highest Amount of any single reportable substance(lbs) _____
Amount of Fee _____ (a) EHS Surcharge (if applicable) is the amount on line (a) multiplied by 25% _____ (b)
Total Fee Paid (a+b) _____

For Office Use Only:
Fee Paid _____
Fee Due _____
Balance Due _____

