



**Public Health Department**

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## **CUPA RECORD REVIEW REQUEST**

### **Facility Type**

- Underground Storage Tank       Hazardous Material Business Plan
- Hazardous Waste Generators       Aboveground Storage Tanks
- Hazardous Material Incident       Other  \_\_\_\_\_

### **Purpose of Review**

- Phase I/II       PRA       Public Agency Request       Subpoenas
- Other  \_\_\_\_\_

### **Description**

\_\_\_\_\_  
\_\_\_\_\_

### **Facility/Site Information:**

Business/Owner Name \_\_\_\_\_ AP# \_\_\_\_\_

Address/Site \_\_\_\_\_

### **Requestor Information:**

Requested by: \_\_\_\_\_  
Print Name Telephone

Owner       Consultant       Other  \_\_\_\_\_

Company: \_\_\_\_\_  
Name Address

**NOTE:** *HMRRP Site Maps and Chemical Locations on Inventory Forms are confidential per State law.*