State Emergency Response Commission EPCRA Reporting Worksheet

Company Name:						PAGE # 1	
Att	tention:						
Mailing A	Address:						
City, State, Zip:					INVOICE #		
County facility is in:					DATE:		
Business	FOR BILLING INQUIRES: s Office 207-624-4400 R REPORTING QUESTIONS:			REPORTING YEAR	: 2025		
Faith Staples 207-557-3675 Darren Curtis 207-624-4472				TERMS: Due March 1, 2026			
Please	List each facility which you ow	Instructions Sheet before and and/or operate and which must comply with B. Use this sheet to calculate your registration	th § 311, 312 a	nd/or §313 of SARA, Tit	tle III	this form!	
SERC USE ONLY	Facility Name	Facility physical address where chemicals are stored	Registration Fee (\$100 each facility)	Chemical (name) List separately	Total Avg. Daily Amt. (lbs.)	Inventory Fee	
		TOTAL					
				Registration Fees			
				Inventory Fee			
				TOTAL D	UE		
	Check here if involved with commercial agricultural operations.		Check #:				
	Check here if you are a retail petroleum marketer and using (Schedule C) Return this form with your payment to: Maine Emergency Management Agency Attn: SERC			Check Date:			
				Deposit Date:			
	72 State House Station						

MAKE CHECKS PAYABLE TO "**TREASURER, STATE OF MAINE**" **DO NOT SEND CASH**

Augusta, Maine 04333-0072 FAX: 207-287-3178

PLEASE RETURN COMPLETED FORM WITH PAYMENT AND KEEP A COPY FOR YOUR RECORDS