RISK MANAGEMENT PROGRAM

Facility Withdrawal Form

EPA Facility Identification #: Facility Name: Facility Address:					
			City:		Zip Code:
			The facility listed above is being w more than a threshold quantity of 68.130 other than propane (or an	f any extremely hazardous subs	stance listed at 40 CFR
☐ that the facility uses as	s a fuel,				
facility is obtained fro		n one-half of the income of this nore than one-half of the fuel sold am.			
Operator/Owner Name	Official Title	Date			

PLEASE MAIL THE COMPLETED WITHDRAWAL FORM PROMPTLY TO:

U.S. Environmental Protection Agency Attention: RMP Reporting Center P.O. Box 10162 Fairfax, VA 22038

If you prefer to send your Withdrawal Form by certified mail, courier or overnight mail (e.g., Fed Ex, UPS, etc.), please address it to:

RMP Reporting Center c/o CGI Federal, Inc. 12601 Fair Lakes Circle Fairfax, VA 22033