

**PLEASE FOLLOW INSTRUCTIONS CAREFULLY**

**INVENTORY FEE INVOICE**  
(For chemicals present during calendar year 2014)

Wisconsin Emergency  
Management  
DMA Form -1160

**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.

*\*New facilities will be issued a WEM ID # . Mail first-time submittal forms and payments directly to WEM in Madison (see address below).*

**PROGRAM DOCUMENTS SUBMISSION:**

The signed Wisconsin Inventory Fee Statement, Tier Two Report Form with attached site plan and any other correspondence or documents should be mailed to:

**Wisconsin Emergency Management  
Facility Reporting Section  
P.O. Box 7978  
Madison, WI 53707-7978**

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 info will be available to LEPCs and local Fire Departments, and meets the requirement to provide this information to them.



WEM Facility I.D. #:   
[See #1 of Inventory Fee Statement - DMA 1004.]

Owner's Employer  
Identification Number (EIN/FEIN):   
[See #2 of Inventory Fee Statement - DMA 1004.]

Facility Name:   
Facility Address:   
City, State, Zip:   
County of:

Fee Type:  Inventory

Payer Check #:

(1) Annual Inventory Fee Owed:   
[See #17(e) of Fee Statement.] \$

(2) Late Payment Surcharge:  20% of Fee paid after  
[See #17(f) of Fee Statement.] \$ March 1, 2015

(3) Total Fee Remitted:   
[See #17(g) of Fee Statement.] \$

Return This Invoice Form with Fee Payment to:

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