PLEASE FOLLOW INSTRUCTIONS CAREFULLY

FEE PAYMENT INSTRUCTIONS:

Complete the right-hand portion of this 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 & 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, & meets the requirement to provide this information to them.

DMA 1160 (R12-13)
Wis. Stat. 323.60

WISCONSIN EMERGENCY MANAGEMENT
Form DMA-1160

INVENTORY FEE INVOICE

(For chemicals present during calendar year *2013*)

WEM Facility I.D. #: [*see #1 of fee statement*] ☐☐☐☐☐☐—☐

Operator's Employer Identification Number (EIN/FEIN): [*see #2 of fee statement*] ☐☐—☐☐☐☐☐☐☐

Facility Name:

Facility Address:

City, State, Zip:

County of:

Fee Type: **I—Inventory**

Payer Check #:

(1) Annual Inventory Fee: [*see #12(e) of fee statement*] $

(2) Late Payment Surcharge: [*see #12(f) of fee statement*] $ *20% of Fee paid after March 1, 2014*

(3) **Total Fee Payment:** [*see #12(g) of fee statement*] $

Return This Invoice Form with Fee Payment to:

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

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