

EMERGENCY NOTIFICATION



Complete and return with fee check to:

EPD - Asbestos Fees
P. O. Box 101173
Atlanta, Georgia 30392

I. EMERGENCY INFORMATION:

A. Emergency Description:
Date of Emergency Occurrence: / / Time of Emergency Occurrence: am / pm

Description of Unsafe Conditions Caused:
Financial Burden Caused:
Amount of Asbestos to be Removed in Emergency Removal:

B. Removal Contractor (Agent Name) Requesting Emergency Waiver:

Removal Contracting Company:
License Number / Exp. Date: Phone Number:
Company Address:
City: State: Zip Code: County:

C. Project Description:
Address:
City: State: Zip Code: County:
Start Date: / / Completion Date: / / Original Removal Amount:

D. Approval Information:
EPD Personnel Contacted:
Approval Number: Date Approved: / / Time Approved:

\* For After Hour Emergencies:

Please leave a message with James Jackson at (404) 363-7041 regarding the after hours emergency removal request. EPD personnel will return the call and assign an approval number.

State Use Only:

Received By: Date Received:
Actual Fees Due: \$ Check Number:
Deposit Number: Batch Number: