



State Emergency Response Commission
 Emergency Planning and Community Right-to-Know
 Lazarus Government Center
 P.O. Box 1049
 Columbus, Ohio 43216-1049

FOR OFFICE USE ONLY

- 1. Date of Request ___/___/___
- 2. Request Number ___/___/___
- 3. Date Sent to Requester ___/___/___

Information Request Form

Sections 311, 312 and 324 or Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA) mandate that the public shall be provided access to facility specific chemical inventories, material safety data sheets (MSDS) and local emergency response plans. An individual may request the nonconfidential information in a facility file by appointment. Copies will also be made available upon request. The State Emergency Response Commission may charge a reasonable fee to cover the cost of copying, shipping and accrued costs for computer searches. These fees must be paid before receiving the requested materials. There will be no charge for reviewing a facility file if no copies are requested.

1. FACILITY IDENTIFICATION

County _____
 Name of Facility _____
 Street Address _____
 City, State, Zip _____

2. STANDARD INFORMATION REQUESTS

Please check the appropriate box(es)

- Section 304 information of release or spill reports on record with the SERC.
- Completed chemical inventory and location form.
- Copy of MSDS for a specific chemical(s).
 Product name(s) _____

The State Emergency Response Commission will make a good faith effort to provide the requested information within 45 days. Under State of Ohio and SERC rules, personal information below this line will be considered confidential, if so requested. However, this information may be subpoenaed or otherwise obtained by court action.

3. REQUIRED GENERAL INFORMATION ABOUT PERSON MAKING REQUEST:

(Please Print)
 Name _____
 Street Address _____
 P.O. Box _____ City, State, Zip _____
 Telephone Number (_____) _____

I understand there may be a fee to cover copying, computer costs and shipping; and that this fee must be paid to the "Treasurer, State of Ohio" before my request can be filed.

Signature _____ Date _____

4. OTHER INFORMATION ABOUT THIS REQUEST:

Requests for copies of TIER II inventory information or Material Safety Data Sheets for substances stored at the facility in quantities of less than the assigned Threshold Planning Quantity (TPQ) for extremely hazardous substances or the 10,000 pounds TPQ for hazardous substances, MUST include a written statement explaining why the information is needed.

RETURN THIS FORM TO:

Ohio State Emergency Response Commission
 Emergency Planning and Community Right-to-Know
 P.O. Box 1049, 50 West Town St., Columbus, OH 43216-1049