



VOLUNTARY REMEDIAL ACTION PROGRAM APPLICATION

A. Site Name _____	Assessors Parcel Number: _____
Site Address _____	

B. Property Owner _____
Mailing Address _____
Contact Person _____ Phone No. (_____)

C. Application Submitted By _____	
Contact Person _____	
Company Name _____	
Mailing Address _____	
<i>Invoices will be sent to this address unless other arrangements are made.</i>	

D. Brief Project Description: _____
Scope of site characterization and remediation: _____
Type of Assistance Requested: _____

I have reviewed the conditions of the Voluntary Remedial Action Program, agree to comply with those conditions and pay all costs associated with this request

Signature of Applicant

Date

For Office Use Only Below This Line		
Date Rec'd: _____	Date Data Entered: _____	Check No.: _____
Rec'd By: _____	Entered by: _____	Check Amount: _____
		SMED SITE#: