



## Voluntary Remedial Action Program Application

Please submit this application with a check for the current fee to the address below to enter the VRAP program. For current filling fee information, see: [www.sfdph.org/dph/EH/Fees.asp](http://www.sfdph.org/dph/EH/Fees.asp) under Hazardous Waste Soil Sampling.

A.	Site Name: _____	Assessor's Parcel Number: _____
	Site Address: _____	
	SF Planning Contact Name: _____	
	SF Planning Contact E-mail: _____	
<b>Invoices will be sent to this address unless other arrangements are made.</b>		
B.	Property Owner: _____	
	Mailing Address: _____	
	Contact Person: _____	Telephone: _____
	E-mail address: _____	
C.	Application Submitted by: _____	
	Contact Person: _____	Telephone: _____
	Company Name: _____	
	Mailing Address: _____	
	E-mail Address: _____	
D.	Brief Project Description: _____	
E.	List Document(s) Submitted: _____	

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For Department of Public Health Office Use Only			
Date Received: _____	Date Data Entered: _____	Check Number: _____	
Received by: _____	Entered By: _____	Check Amount: _____	
		SMED SITE#	