

PLEASE FOLLOW INSTRUCTIONS CAREFULLY

FEE PAYMENT INSTRUCTIONS:

Complete the right-hand portion of this fee remittance 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*
Mail this Fee Remittance Form along with payment to ensure proper application of the payment to your facility's account. *New facilities will be issued a WEM ID # by WEM; mail first-time submittals directly to WEM in Madison (see address below).*

PROGRAM DOCUMENTS SUBMISSION:

The original 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: *Copies of the Inventory Fee Statement and Tier Two Report with attached site plan must be sent to all Local Emergency Planning Committees with jurisdiction over the facility and all local Fire Departments with jurisdiction over the facility.*

DMA 1160 (R11-09)
Wis. Stat. 323.60

**WISCONSIN EMERGENCY MANAGEMENT
Form DMA-1160**

2010 INVENTORY FEE REMITTANCE
(For chemicals present during calendar year 2009)

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

Operator's Federal
Employer Identification
Number (FEIN):
[see #2 of fee statement]

Facility Name:
Facility Address:
City, State, Zip:
County of:

Fee Type: Inventory

Payer Check #:

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

(2) Late Payment Surcharge: 20% of Fee paid after
[see #12(f) of fee statement] \$ March 1, 2010

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

Return This Remittance Form with Fee Payment to:

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Milwaukee, WI 53293-0988**

