

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.

**WISCONSIN EMERGENCY MANAGEMENT
Form DMA-1160EPN**

EMERGENCY PLANNING FEE REMITTANCE

WEM Facility I.D. #:
[see #2 of fee statement]

Operator's Federal
Employer Identification
Number (FEIN):
[see #1 of fee statement]

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

Fee Type: **P—Planning**

Payer Check #:

(1) Emergency Planning Fee:
[see # 8 of fee statement] \$

(2) Late Payment Surcharge: 20% of Fee paid over
[see # 8 of fee statement] \$ 60 days after TPQ

(3) Total Fee Payment: \$

Return This Remittance Form with Fee Payment to:

**Wisconsin Emergency Management
Fee Processing Service
Drawer 988
Milwaukee, WI 53293-0988**

