## Pollution Prevention, Remediation and Air Quality Division

# FILE REVIEW REQUEST

## Fax (954) 765-4804 – ATTN: Jill Ryan

| Facility Street Address | Facility City | Facility Name |
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**Requested by (please print)_____ Your Company Name_____**

**Signature of Person Making Request_____ Contact Phone Number_____**
**No more than ten (10) addresses will be accepted per request.** **Your Fax Number *** _____**

If you require additional facility addresses, we ask that you make an additional request the following day (or another day) and it will be processed in the order it was received. You will be contacted within 1-2 business days from receipt of your request. Do not call to confirm your faxed request as this will only delay us making an appointment with you.

**We will arrange any copying of the files you may require.**