



Michigan Department of Environmental Quality - Air Quality Division
Michigan Air Emissions Reporting System (MAERS)
2008 S-102 CONTACT

Authorized under 1994 P.A. 451, as amended. Completion of information is required. Civil and/or criminal penalties possible for providing false information.

GENERAL INSTRUCTIONS: Verify the accuracy of all information on last year's forms or summary report and make any necessary additions or corrections. Refer to the General Instructions Booklet for more detailed instructions.

FORM REFERENCE	
1. Form Type S-102	2. AQD Source ID (SRN)

EMISSION INVENTORY CONTACT INFORMATION		<input type="checkbox"/> Change	<input type="checkbox"/> Add
3. Contact First Name, Middle Initial	4. Contact Last Name	5. Contact Title	
6A. Mailing Address (Street Number and Name or P.O. Box)			
6B. Address Continued			
7. City	8. State/Province	9. Country	10. Zip or Postal Code
11. E-Mail Address (if available)			
12A. Telephone Number ()	12B. Telephone Extension	13. Fax Number ()	

FEE INVOICE CONTACT INFORMATION <i>(Fee Subject Facilities Only)</i>		<input type="checkbox"/> Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
3. Contact First Name, Middle Initial	4. Contact Last Name	5. Contact Title		
6A. Mailing Address (Street Number and Name or P.O. Box)				
6B. Address Continued				
7. City	8. State/Province	9. Country	10. Zip or Postal Code	
11. E-Mail Address (if available)				
12A. Telephone Number ()	12B. Telephone Extension	13. Fax Number ()		