



Jennifer M. Granholm, Governor
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Michigan Department of Environmental Quality
Air Quality Division

2008 MICHIGAN AIR EMISSIONS REPORTING SYSTEM (MAERS)

S-102 CONTACT FORM INSTRUCTIONS AND EXAMPLE

FORM REFERENCE SECTION:

1. **Form Type** - DEQ Air Quality reference identification for the form.
2. **AQD Source ID (SRN) – (Required)** - AQD Source ID (SRN) is where the SRN must be entered.

EMISSION INVENTORY CONTACT INFORMATION SECTION:

A contact must be identified for Emission Inventory and must be a source contact, not a consultant, law firm, etc. The e-mail address for the Emission Inventory Contact is REQUIRED. This will be the e-mail address where all future MAERS correspondence/mailings will be sent. If an e-mail address is not available, enter NA and a paper mailing will be sent for future years. For electronic users the S-102 Contact form has been enhanced. A "COPY ADDRESS" button has been added to eliminate the need for retyping identical information. The options to copy are from the S-101 form Source area or Owner Area, or from the S-102 Contact form Fee Contact area.

- 3-13. Contact Information** - Enter the name, mailing address, telephone number including extension and fax number, and e-mail address (REQUIRED). List the company name only if it is different than the source name on the S-101 Source form. You should only enter changes to this form.

FEE INVOICE CONTACT INFORMATION SECTION: *Fee subject sources must complete this area. This address is where all invoices will be sent for payment processing. A "COPY ADDRESS" button has been added to eliminate the need for retyping identical information. The options to copy are from the S-101 form Source area or Owner Area, or from the S-102 Contact form EI Contact area*

- 3-13. Contact Information** - Enter the name, mailing address, telephone number including extension and fax number, and e-mail address (REQUIRED). List the company name only if it is different than the source name on the S-101 Source form.



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EXAMPLE 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) A 1234

EMISSION INVENTORY CONTACT INFORMATION		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Add
3. Contact First Name, Middle Initial Jane C.	4. Contact Last Name Doe	5. Contact Title Environmental Coordinator	
6A. Mailing Address (Street Number and Name or P.O. Box) 553 W. Main St.			
6B. Address Continued P.O. Box 234			
7. City Lansing	8. State/Province MI	9. Country USA	10. Zip Code 48933
11. E-Mail Address (if available) janedoe@xyz.com			
12A. Telephone Number (517) 333 -3333	12B. Telephone Extension 13	13. Fax Number (517) 333 - 4444	

FEE INVOICE CONTACT INFORMATION (Fee Subject Facilities Only)		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Delete	
3. Contact First Name, Middle Initial Jane C.	4. Contact Last Name Doe	5. Contact Title Environmental Coordinator	
6A. Mailing Address (Street Number and Name or P.O. Box) 553 W. Main St.			
6B. Address Continued P.O. Box 234			
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