COVER LETTER

From (enter the Company providing the payment)

Name of Submitter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone of Submitter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To (Mailing Address) For FedEx or UPS Delivery only

Attn: Tier II Reporting Attn: Tier II Reporting

NM DHSEM NM DHSEM

PO Box 27111 13 Bataan Blvd.

Santa Fe, NM 87502 Santa Fe, NM 87508

**SUBJECT: Payment Fee for New Mexico 2018 Tier II Reporting**

Dear Tier II Staff,

The provided payment is on behalf of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter Company Name as reported in the Tier II inventory). Attached please find a check of $\_\_\_\_\_\_\_\_\_ for our New Mexico 2018 Tier II Reporting of \_\_\_\_\_\_\_\_ number of facilities.

(Filling out the table is OPTIONAL)

|  |  |  |
| --- | --- | --- |
| Facility Name | # of Chemicals | Payment per Facility  #Chemicals**÷**3=round up **X** $25 |
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|  |  |  |
| Total Payment\*: | | (add all facilities): |

**\* If Total Payment exceeds $250 then you need to pay the maximum amount of $250.**

**Make checks payable to NM DHSEM and send to the address shown above.**