

[Correspondence Date]

[Primary Contact Name]

[Facility Name]

[Contact Address Line 1]

[Contact Address Line 2]

[Contact City, State and Zip]

Re: Facility ID: [Facility ID]

[Facility Name]

Location: [Facility Address Line 1], [Facility Address Line 2]

[Facility City, State Zip]

[County] County

[Emissions Reporting Year] [Emissions Report Category] [Emissions Report Type]

Report #: [Emissions Report Number] received [Emissions Report Received Date]

Dear [Primary Contact Name]:

[Primary Contact Name]

[Facility Name]

[Correspondence Date]

Page 2

If you have any questions, please contact me at [\[insert DO/LAA ER reviewer phone\]](#) or E-mail [\[insert DO/LAA ER reviewer email\]](#).

Sincerely,

[DO/LAA Emissions Report Reviewer]

[DO/LAA Long Name]