



Facility Name: _____

Intent to Relocate Request Number: _____

Date Issued: _____

Facility ID: _____

Facility Location at Issuance: _____

Approved Proposed Location: _____

The equipment has moved to this approved site as proposed.

Date of relocation: _____

OR

The equipment will not be relocating to this site as proposed.

Signature of Environmental Manager

Name of Environmental Manager (Please Print)

Date

Environmental Manager Phone Number