ADDITIONAL SHEET
FOR
2007 SARA TITLE III
TOXIC RELEASE INVENTORY (TRI) SECTION 313
FEE PAYMENT FORM

As Reported on TRI Forms submitted for the 2006 Reporting Year

Facility Name: _____
(You must use a separate fee form for each facility)

Facility TRI ID Number: _____

Phone Number: _____

Chemical Name	CAS Number	Pounds Emitted	Fee Owed