



DISPOSAL NOTIFICATION FORM

Spring Fire, July 2018

| | | | |
|--------------------------------|----------------------------|---------|-----------|
| Building Owner | Owner's Name: | | |
| | Street: | | |
| | City: | State: | Zip Code: |
| | Telephone # () | | |
| Site Address | Owner's Name: | | |
| | Street: | | |
| | City: | County: | Zip Code: |
| | | | |
| Disposal Contractor | Company/Contractor's Name: | | |
| | Street: | | |
| | City: | State: | Zip Code: |
| | Telephone # () | | |
| Landfill | Landfill Name: | | |
| | Street: | | |
| | City: | State: | Zip Code: |
| | Telephone # () | | |

Submit form by mail/fax/email (no fee is required) to:

Indoor Environment Program Permit Coordinator
 Colorado Dept. of Public Health and Environment
 APCD-IE-B1
 4300 Cherry Creek Drive South
 Denver, CO 80246-1530
 Fax: 303-782-0278
 cdphe.asbestos@state.co.us

Please call 303-692-3100 with any questions