(Sec. Co. Assigned Computer #)

Hazardous Materials Disclosure Information ver 3.14

And Permit Application Form
Please Use Typewriter or Print Clearly

Logged

Section I - Business and Address Information

10860 GOLD CENTER DR009303
ATTN: L G LYLE
AT & T WIRELESS SERVICES
10030 GOETHE RD
SACRAMENTO CA 95827-
Rancho Cordova II

Suite/Bldg # | City | Zip | Cross Street

Mailing Address Business Name (if different from above)

AT&T EH&S Record keeper - SARA
Mail to the Attention of

20 Independence Blvd Rm 4B33 Warren NJ 07059
Mailing Address (if different from above) | City | State | Zip

AT&T
Owner's Name

(916) 857-6430
Business Phone

Fire District

Section II - Contact Information

A) Supply the name, title, phone and available hours of the responsible person to contact <u>During Business Hours:</u>

SHIFT HOURS	NAME / TITLE	PHONE NUMBER (with extension)
8-5	Rick Loughrey Ops Mgr	(916) 857-6430

B) Supply the names, titles, phone numbers and available hours of at least two people to contact After Business Hours:

SHIFT HOURS	NAME / TITLE	After Hours PHONE (with extension)
8-5	Rick Loughrey	[redacted]
8-5	Dan Stone Ops Mgr	
		( ) -

C) Supply the names, titles, phone numbers and available hours of two people to contact in case of an <u>Emergency Haz Mat Incident:</u>

SHIFT HOURS	NAME / TITLE	PHONE (with extension)
8-5	Rick Loughrey	(916) 857-6430
8-5	Dan Stone	(916) 847-6454

BID: _____
(Leave Blank If Unknown)

Section III - General and Building Information

_____
Doing Business As (DBA) - if different than Business Name

_____ 002698 0080 _____
Business License # | Dun & Bradstreet # (if applicable) | EPA ID # (If EPA Waste Generator)

Telecommunication
Give description of the main operation of your business

Employee Information - enter # of employees on site per shift hrs:

Ø	Unmanned	
Shift Hours	Number of Employees	
Ø		
Shift Hours	Number of Employees	
Ø		
Shift Hours	Number of Employees	

Additional Business Information:

4813
Standard Industrial Code (SIC)

B2
Uniform Building/Occupancy Code (UBC) (if known)

_____
Lot Size - identify in sq.ft. or acreage

1
Number of Floors

D
Reporting Status (see Sec. IV)

Section IV - Chemical Disclosure Information - Reporting Status

A No chemicals are used in any way in our business operations.

B Chemicals are used in our company, but we do NOT meet the requirements for disclosure. We have no chemicals in amounts requiring disclosure.

C Chemicals are used in our business and we are submitting our initial Hazardous Materials Disclosure Packet.

D We have reviewed our records and we have no changes from previously submitted information.

E We are submitting a renewal with changes as indicated.

BID: _____

****SPECIAL NOTICE FOR DISCLOSURE PACKET UPDATES****

If any of the following occurs, you are required to notify our department within thirty (30) days to complete an updated Disclosure Form!

1. Change of Business Address
2. Change of Business Ownership
3. Change of Business Name
4. Cessation of Business Operation(s)
5. Change of Business Occupancy Class (UBC)
6. Reclassification of TRADE SECRET INFORMATION
7. Change of handling or use of previously undisclosed hazardous material, waste or combination thereof.
8. Storage of any new hazardous material that would require you to comply with the disclosure laws.
9. A significant change in handling of inventory quantity (100%) of any hazardous material for which Disclosure Information has already been made.

Section V Signature

I certify, under the penalty of perjury, that the above information is true and correct to the best of my knowledge.

Barbara Walden 2/3/99

Signature Date

Barbara Walden

Name and Title (please type or print)

Please return form to:

COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPARTMENT
HAZARDOUS MATERIALS DIVISION
8475 Jackson Road, Suite 230
Sacramento, CA 95826

Important:
Businesses are required to update their Business Plan & Disclosure information annually

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