



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

REQUEST FOR REFUND of ASBESTOS NOTIFICATION FEES

To request consideration of a notification fee refund, please fill out this form completely, attach the original notification, and submit via an email to DPHasbestos@ct.gov with "Request Refund" in the subject line.

1. Requester Contact Name _____

2. Company _____

3. Phone _____

4. Email _____

5. Notification Type _____

6. Project Address/Town _____

7. Owner Name _____

8. Owner Phone _____

9. Check Date _____

10. Check Number _____

11. Check Amount _____

12. Project Start Date _____

13. Project End Date _____

14. Please provide a detailed reason for refund in the space below.

DPH USE ONLY

Transmittal Number _____

DPH request received date _____

Date Submitted to Business Office _____

Reviewed by _____