



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

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2. Company

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3. Phone

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4. Email

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5. Notification Type

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6. Project Address/Town

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7. Owner Name

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8. Owner Phone

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9. Check Date

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10. Check Number

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11. Check Amount

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12. Project Start Date

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13. Project End Date

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

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DPH USE ONLY

Transmittal Number \_\_\_\_\_

DPH request received date \_\_\_\_\_

Date Submitted to Business Office \_\_\_\_\_

Reviewed by \_\_\_\_\_

Status and Date \_\_\_\_\_