



NEW FACILITY INFORMATION

To be submitted at time of initial Project Review Application for new facilities only

NEW FACILITY TYPE _____

NEW FACILITY NAME _____

FACILITY CONTACT PERSON _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

STREET ADDRESS

ADDRESS _____

CITY _____

COUNTY _____

ZIP CODE _____

MAILING ADDRESS (if different than Street Address)

ADDRESS _____

CITY _____

COUNTY _____

ZIP CODE _____