



Michigan Department of Environmental Quality - Air Quality Division
Michigan Air Emissions Reporting System (MAERS)

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| 1. INVENTORY YEAR |
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S-102 CONTACT

Authorized under 1994 P.A. 451, as amended. Completion of information is required. Civil and/or criminal penalties possible for providing false information.

GENERAL INSTRUCTIONS: Refer to last year's MAERS forms or summary report for information previously submitted, and complete this form with additions or corrections as necessary. For more detailed instructions refer to the MAERS General Instructions Booklet. This MAERS form is used to report an emissions contact and a fee contact (if applicable) for a **specific inventory year**. Enter the **specific inventory year** in field 1.

| FORM REFERENCE | |
|---------------------------|------------------------|
| 2. Form Type S-102 | 3. AQD Source ID (SRN) |

| EMISSION INVENTORY CONTACT INFORMATION | | <input type="checkbox"/> Change | <input type="checkbox"/> Add | <input type="checkbox"/> Delete |
|--|--------------------------|---------------------------------|------------------------------|---------------------------------|
| 4. Contact First Name, Middle Initial | 5. Contact Last Name | 6. Contact Title | | |
| 7A. Mailing Address (Street Number and Name or P.O. Box) | | | | |
| 7B. Address Continued | | | | |
| 8. City | 9. State/Province | 10. Country | 11. Zip or Postal Code | |
| 12. E-Mail Address (if available) | | | | |
| 13A. Telephone Number () | 13B. Telephone Extension | 14. Fax Number () | | |

| FEE INVOICE CONTACT INFORMATION (Fee Subject Facilities Only) | | <input type="checkbox"/> Change | <input type="checkbox"/> Add | <input type="checkbox"/> Delete |
|--|--------------------------|---------------------------------|------------------------------|---------------------------------|
| 15. Contact First Name, Middle Initial | 16. Contact Last Name | 17. Contact Title | | |
| 18A. Mailing Address (Street Number and Name or P.O. Box) | | | | |
| 18B. Address Continued | | | | |
| 19. City | 20. State/Province | 21. Country | 22. Zip or Postal Code | |
| 23. E-Mail Address (if available) | | | | |
| 24A. Telephone Number () | 24B. Telephone Extension | 25. Fax Number () | | |