

CHEMICAL USE REPORT COVER SHEET

Company Name: _____
Sewer Authority Name: Union Sanitary District
Report Date: _____
Period Covered by this Report: January 1 to June 30
 July 1 to December 31

Person to contact concerning information contained in this report:

Name: _____
Title: _____
Mailing Address: _____
Telephone #: _____
E-mail: _____

CERTIFICATION STATEMENT:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Official

Signature of Official

Title

Date