



**PAYMENT PLAN REQUEST FORM**

(Payment plans are divided into 3 equal payments over 3 consecutive months.)

Facility ID #	
CERS ID #	
Invoice #/Due Date	
Name of Business	
Facility Address	
Mailing Address (if different)	
Date of Request	
Reason for Payment Plan Request:	

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Submit request and any supporting documentation to:

**Hazardous Materials & Waste Program**  
**Payment Plan Request**  
**49 South Van Ness Avenue, #600**  
**San Francisco, CA 94103**

You may also email the request to **Hazardous Materials & Waste Program** at [hmupa.dph@sfdph.org](mailto:hmupa.dph@sfdph.org).

A written decision and an invoice, if applicable, will be sent to the mailing address listed above. If you have any questions regarding this process, please contact the Program at (415) 252-3800.

<b>SFDPH OFFICE USE ONLY</b>		
Date:	# of Invoices:	1 <sup>st</sup> Payment due:
Processed by:		Date: