# Hazardous Materials Information Reporting Form

**Upon completion, please correspond by using the information provided below.**

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<thead>
<tr>
<th><strong>FAX/EMAIL TO:</strong></th>
<th><strong>OR MAIL TO:</strong></th>
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<tbody>
<tr>
<td><strong>SAN ANTONIO FIRE DEPARTMENT</strong>&lt;br&gt;ATTN: THOMAS CASTILLO J.R. OR CHRISTINE DELUNA&lt;br&gt;HAZARDOUS MATERIALS ENFORCEMENT&lt;br&gt;VOICE (210) 207-7492 OR 207-7961&lt;br&gt;FAX: (210) 207-2018&lt;br&gt;EMAIL: <a href="mailto:FIREHAZMATPERMITTING@SANANTONIO.GOV">FIREHAZMATPERMITTING@SANANTONIO.GOV</a></td>
<td><strong>SAN ANTONIO FIRE DEPARTMENT</strong>&lt;br&gt;ATTN: THOMAS CASTILLO J.R. OR CHRISTINE DELUNA&lt;br&gt;HAZARDOUS MATERIALS ENFORCEMENT&lt;br&gt;315 S. SANTA ROSA AVE&lt;br&gt;SAN ANTONIO, TEXAS 78207-4557</td>
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**Check one:**
- [ ] New/CofO Req
- [ ] Business Info Update
- [ ] Business Closure

## Facility Information Required:

**Facility Name:**

**Facility Street Location:**

**City, State Zip:**

**Month & Year Opened:** __/____

**Facility Point of Contact:**

**Facility Phone:** (   )

**Fax:** (   )

**Phone:** (   )

## Single Largest Type of Hazardous Material:

**Maximum Quantity of This Hazmat:**

## Billing Information:

**Invoice Mailing Address, if different than Facility:**

**Owner of Business:**

**Phone:** (   )

## Other Hazardous Materials at Location:

## Nature of Business:

**Completed By:**

**Date Completed:**

*Office use only*

**Customer #**

**Received by:**

**Date:**

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SAN ANTONIO FIRE DEPARTMENT<br>REVISED 10/2013

HAZMAT ENFORCEMENT<br>ORDINANCE 2006-09-07-1000