

KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Air and Radiation

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NOTIFICATION OF CHANGE OF OWNERSHIP/OPERATOR OR NAME CHANGE

Notification of:

Ownership/Operator Change

Company Name Change

Effective Date of Change:

Site Information:

Source ID #:

Name:

Location:

NEW OWNER/NAME CHANGE: (Mailing address to be used for forms and correspondence)

Company Name:

Mailing Address:

City State Zip

Contact Person:

Phone: Email:

PREVIOUS OWNER:

Company Name:

Mailing Address:

City State Zip

Contact Person:

Phone: Fax: