

MONTHLY GLYCOL REPORT FOR SEA-TAC AIRPORT

NAME OF APPLICATOR: _____

RETURN TO: Sarah Cox, (206) 787-7137

MONTH: YEAR

FAX#: (206) 787-6617

DUE BY THE 5th OF FOLLOWING MONTH

E-mail: cox.sarah@portseattle.org

Check box & Send even if you did not deice this month

DAY (Date)	AIRLINE	Manufacturer of Product	VOLUME APPLIED		VOLUME APPLIED	
			TYPE (I/IV)	Gallons of Product	TYPE (I/IV)	Gallons of Product
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
Total			Type I		Type IV	0

Name of Sender:

Phone:

Date: