



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# SBEAP REQUEST for ASSISTANCE APPLICATION



Date: \_\_\_\_\_

Is this request for assistance for a (check one):  BUSINESS  MUNICIPALITY

**Person Making the Request:**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
JOB TITLE/POSITION

\_\_\_\_\_  
BUSINESS/ MUNICIPALITY NAME

\_\_\_\_\_  
BUSINESS/ MUNICIPALITY PHYSICAL ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
MAILING ADDRESS (If different from physical address)

\_\_\_\_\_  
CITY, STATE, ZIP CODE

EMAIL: \_\_\_\_\_

BUSINESS/CELL PHONE: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

PLEASE PROVIDE A DESCRIPTION OF THE ASSISTANCE NEEDED: *(Attach additional pages if needed)*

**Return Form to:**  
MDEQ - Office of Community Engagement  
SBEAP  
P O Box 2249  
Jackson, MS 39225-2249