



RELEASE AMENDMENT FORM

Release Tracking Number

1 - 18869

A. RELEASE/SITE LOCATION:

1. Site Name/Location Aid: **FORMER LUNT SILVERSMITH, INC.**
2. Street Address: **298 FEDERAL STREET**
3. City/Town: **GREENFIELD, GREENFIELD** 4. ZIP Code: **013010000**

B. THIS FORM IS BEING USED TO: (check all that apply)

1. Date of Response(s): **6/7/2012** (mm/dd/yyyy) Start Time: **02:00** AM PM (hh:mm)
- 2. Record an **Initial Compliance Field Response - Announced.**
 - 3. Record an **Initial Compliance Field Response - Unannounced.**
 - 4. Record a **Compliance Field Response - Announced.**
 - 5. Record a **Compliance Field Response - Unannounced.**
 - 6. Record a **Field Response - Direct Oversight.**
 - 7. Record a **Follow-up or Other Field Response.**
 - 8. Record a **Follow-up Office Response.**
 - 9. Identify or Update a **PRP or Other Person Associated with Release.** (Fill out Section E)
 - 10. Correct or Add **Data to WSC Database** otherwise not specified on this form. (Record in Section C and, if needed, F)

C. DESCRIPTION OF ACTIVITIES RECORDED BY THIS FORM : (If additional lines are needed, record in Section F.)

ATTACHED IS THE PRESS RELEASE PREPARED BY THE TOWN OF GREENFIELD FOR THE RECORDER ON 6/7/2012.

D. DEP STAFF AND FORM PREPARER:

1. DEP Staff: a. Name: **SHAW CAPRICE** b. Check here, if Unassigned (or staff name not applicable).
2. Preparer Signature: **Caprice Shaw** 3. Date: **9/27/2012**



RELEASE AMENDMENT FORM

Release Tracking Number

1

-

18869

E. PRP OR OTHER PERSON ASSOCIATED WITH RELEASE :

1. Check all that apply: a. change in contact name b. change of address c. new person associated with release

2. Name of Organization: **TOWN OF GREENFIELD**

3. Contact First Name: **ROBERT**

4. Last Name: **PYERS**

5. Street:

6. Title:

7. City/Town:

8. State:

9. ZIP Code:

10. Telephone: **4137721550**

11. Ext.:

12. FAX:

13. Relationship of Person to Release: a. PRP b. Other c. Type **Municipal Department if Not PRP**

F. ADDITIONAL DESCRIPTION: