

Name & Address:

Phone Number: _____

Date: _____

Illinois Department of Natural Resources
Office of Mines and Minerals
One Natural Resources Way
Springfield, Illinois 62702-1271

Dear Sir,

I, _____, do hereby request a State inspection of

_____ pursuant to Section 8.06(a) of the Surface
Coal Mining Land Conservation and Reclamation Act (PA 81-1015) for the following reason(s):

I understand that if I request to accompany the authorized representative of the Department during the inspection confidentiality is automatically waived. I understand if the alleged violation deals with blasting, subsidence or some other form of damage to property, confidentiality is not available since it would hinder the Department's ability to investigate the allegation.

- Select (a), (b) or (c):
- (a) I waive my right to confidentiality.
 - (b) I waive my right to confidentiality and request to accompany the authorized representative of the Department during the inspection.
 - (c) I wish to remain confidential.

Sincerely,
