



Third-Party Sep Administrator Request For Extension

SEP Program

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sepreports@tceq.texas.gov

PO Box 13087

SEP Coordinator, MC 175 Austin,
Texas 78711-3087

Date

Agreement No.

Third-Party Administrator Name

Project Name

Contact Name

Contact Telephone

Contact Email

Contributions to Expire

Attach a separate extension request for each expired contribution.

Docket No.

SEP Offset Amount \$

Amount Spent to Date \$

Balance Remaining \$

Reason for Extension

Briefly explain why the extension is necessary to expend the referenced contributions. If you need additional space, you may attach a separate document.

Signature

Date

Printed Name

Title

TCEQ Office Use Only – DO NOT WRITE BELOW

Extension Granted until

Authorized TCEQ Representative Signature Date