**DATE:** Month XX, 20XX

**INVOICE NO:** X

**REQUEST FROM:** City of \_\_\_\_\_\_\_\_

Address

Town, NH Zip

**FOR:** Seabrook Station, Flat Rate Submission, FY 2021

Quarter X

**AMOUNT:**  $3,375.00

The required Emergency Management Director REP Maintenance Checklist is attached and verifies that the city is performing activities to maintain a high level of preparedness for responding to a radiological emergency.

**APPROVED BY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title