SAMPLE COVER (FORM 1)
ASBESTOS __ __ __ __ __ __ __ REPORT
CDB PROJECT NUMBER ___________ ___________ ___________

FACILITY NAME
USING AGENCY
BUILDING NAME
C.D.B. BUILDING NUMBER
BUILDING ADDRESS
CITY, COUNTY, ILLINOIS ZIP

STATE OF ILLINOIS
CAPITAL DEVELOPMENT BOARD
(OR CONTRACTING AGENCY, IF APPLICABLE)
SPRINGFIELD, ILLINOIS

BY:
DRAWEM & SPECKEM ASSOCIATES
3508 TOWER BUILDING ROAD
SPRINGFIELD, ILLINOIS 62706
217-593-4263

DATE OF SUBMITTAL: ______________________ DATE SIGNED: ______________________
EXP. DATE: ______________________
(A/E LICENSE) ______________________
IDPH LICENSE: ______________________