Iowa Comprehensive Petroleum Underground Storage Tank Fund Program
UST CLOSURE CLAIM FORM

PLEASE COMPLETE THIS FORM, SIGN IT, HAVE IT NOTARIZED, AND ATTACH ALL NECESSARY DOCUMENTATION.
MAIL TO: IOWA UST FUND PROGRAM, 502 E. 9TH STREET, DES MOINES, IA 50319

1. Name of Business or Individual applying ________________________________________________________________
   Indicate if Corporation, partnership, or individual: _______________________________________________________
   Provide an IRS W-9 form for business or individual applying.

2. Mailing Address (street, city, zip)______________________________________________________________________
   Location of UST(s) (if different from above) _______________________________________________________________
   Contact Name ___________________________ Phone No. ___________________________
   IDNR Site Registration No. (only registered regulated tanks are eligible) ___________________________

3. Are you the present owner of the UST(s) to be closed?    Yes _________   No ___________
   If No, please explain your relationship to the site __________________________________________________________
   ________________________________________________________________________________________________

4. Do you own the land where tank is located? Yes _________   No ___________

5. If you do not own the property, has the owner’s permission been secured?  Yes _________   No ___________
   (provide copy of authorization)

6. Was the product in the tank(s) used for heating purposes for on premises consumption? _________________________

7. Were the tank(s) used to fuel a standby power generator? ___________________________

8. Was the site used for commercial, residential, or farm purposes? ___________________________
   (Select one; if use not listed, describe last use)

9. List the number and size of the UST(s) on the site and those proposed to be closed and list the product stored in each tank (if you do not know, please indicate):
   ________________________________________________________________________________________________
   ________________________________________________________________________________________________
   ________________________________________________________________________________________________
   ________________________________________________________________________________________________

10. Attach estimate(s) for the closure of the tank(s) [PRIOR BUDGET APPROVAL IS MANDATORY].
Iowa Comprehensive Petroleum Underground Storage Tank Fund Program
UST CLOSURE CLAIM FORM (cont.)

PLEASE NOTE: IN ORDER TO PROCESS YOUR CLAIM, PROVIDE THE COMPLETE NAME AND FEDERAL TAX IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER USED TO FILE INCOME TAXES FOR THE BUSINESS OR PERSON APPLYING:

NAME ____________________________________________________ FIN/SS # ___________________________

Please Print Business or Individual Name matching Federal Tax or SS Number.

IF A FEDERAL TAX ID NUMBER IS LISTED, A PROPERLY COMPLETED IRS W-9 FORM MUST BE PROVIDED

The above answers are true and correct to the best of my knowledge:

Date ________________________________  X ________________________________

X ________________________________

Signature(s)

________________________________________
Notary Public Signature

My Commission expires the _______ day of _______________________, year ________.

A form not notarized will be returned.

PLEASE MAIL COMPLETED FORMS WITH ALL ATTACHMENTS TO:
IOWA UST FUND PROGRAM
502 E. 9th STREET
DES MOINES, IA  50319

QUESTIONS MAY BE DIRECTED TO:
IOWA UST FUND PROGRAM ADMINISTRATOR
TEL. 515-725-8450    FAX. 515-725-8202
EMAIL: USTFUND@DNR.IOWA.GOV