

**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
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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