



MAILING ADDRESS:
 STATE WATER RESOURCES CONTROL
 DIVISION OF FINANCIAL ASSISTANCE
 UST CLEANUP FUND
 P.O. BOX 944212
 SACRAMENTO, CA 94244-2120

PHYSICAL ADDRESS:
 STATE WATER RESOURCES CONTROL
 DIVISION OF FINANCIAL ASSISTANCE
 UST CLEANUP FUND
 1001 I STREET
 SACRAMENTO, CA 95814

ADDRESS CHANGE FORM

This form is for a change of address only. Enter the new address exactly as you would like it to appear on your Letter of Commitment, reimbursement check and all other information that will be mailed to you. The Cleanup Fund cannot update unreadable or incomplete information. If you have any questions about completing this form, call the Cleanup Fund at 1-800-813-FUND.

NOTE: IF THE CLAIMANT HAS MULTIPLE CLAIMS, THIS ACTION (ADDRESS CHANGE) WILL RESULT IN A CHANGE TO ALL SUCH CLAIMS.

PLEASE TYPE OR PRINT CHARACTERS IN CAPITAL LETTERS USING INK.

1. Claim Number, Claimant Name, Day Phone (Required)

Claim Number: _____
 Claimant Name: _____
 Day Phone: _____ - _____ - _____
 Fax Number (Optional): _____ - _____ - _____

2. Do not complete this section unless required for mail delivery.

C/O: (Business Name): _____
 Attention: (Person's Name): _____

3. New or Correct Mailing Address (Required)

Street Number and Name: _____
 Apt No: _____ City: _____
 State: ____ Zip Code: _____ - _____

4. Contact Person: **Change to:** **Delete:** **Remains the same:**

Name: _____
 Day Phone: _____ - _____ - _____
 Fax Number (Optional): _____ - _____ - _____

5. (Required)

 Claimant Signature

 Print Name

 Date

State Use Only

Signature Verified
 Application Updated + Initialed
 Old Labels Removed
 Form 204 (If applicable)
 LOC Amended

 Reviewer Initials _____
 Approval Date

 Data Enter _____
 Date