

**State Water Resources Control Board  
Underground Storage Tank Cleanup Fund  
Claimant Contact Information**

Date Submitted: _____
<input type="checkbox"/> Is this an Address Change?

**This form is for Claimant contact information only.** Enter the current Claimant address/contact information and the Claimant business mailing address, if different. Once this form is processed, this will be the new address/contact information on file with the Fund.

The Cleanup Fund will not update unreadable or incomplete information.

If you have any questions about completing this form, contact the Cleanup Fund at 1-800-813-FUND.

<b>SECTION A (REQUIRED)</b>	<input type="checkbox"/> Check here if this is a global change for all of the Claimant's claims with the Fund
	Claim No(s): _____ Priority: _____ Region: _____
	<b>CLAIMANT CONTACT INFORMATION</b>
	Claimant Name(s): _____ Attention: _____
	Claimant Address of Record: _____ City: _____
	State: _____ Zip Code: _____
	Claimant Phone: __ (____) _____ Claimant Fax: __ (____) _____
<b>Claimant E-mail:</b> _____	
Site Address: _____	
<b>SECTION B</b>	<b>CLAIMANT BUSINESS MAILING ADDRESS (IF DIFFERENT FROM ABOVE)</b> (NOTE: THIS IS WHERE ALL FUTURE CORRESPONDENCE WILL BE SENT)
	C/O (Claimant Business Name): _____
	Attention: _____
	Address: _____ City: _____
	State: _____ Zip Code: _____
	Contact Name: _____ Claimant Phone: __ (____) _____
	<b>Contact E-mail:</b> _____

**SECTION C**

JOINT CLAIMANT INFORMATION       CO-PAYEE INFORMATION

Joint Claimant/Co-Payee Name: \_\_\_\_\_

Joint Claimant/Co-Payee Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Joint Claimant /Co-Payee Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**SECTION D (REQUIRED)**

**CLAIMANT CERTIFICATION – I certify to the following:**

- I am the claimant for the above-mentioned claim, and I have personally examined and am familiar with the information submitted in this document;
- I understand that as the claimant to the Fund, I am fully responsible for the verification, submission, and distribution of all documents associated with this claim; and
- I understand that any misrepresentation herein may lead to disqualification of this claim.

I, the undersigned, certify under penalty of perjury that these statements are true and correct.

\_\_\_\_\_  
Print Name (Claimant)

\_\_\_\_\_  
Signature (Claimant) Date

\_\_\_\_\_  
Print Name (Joint-Claimant)

\_\_\_\_\_  
Signature (Joint-Claimant) Date

**SECTION D**

<b>State Use Only</b>		
<input type="checkbox"/> Signature Verified	_____	_____
<input type="checkbox"/> Old Labels Removed	Reviewer Initials	Approval Date
<input type="checkbox"/> Form 204 (if applicable)	_____	_____
	Data Entry	Date
<input type="checkbox"/> LOC Amended		
<input type="checkbox"/> Print Labels	_____	
	Reviewer Initials	