

Petroleum Underground Storage Tank Release Compensation Board

Tank Replacement Notification Form

Place Facility Label Here
Board Use Only

Owner Information

Owner Name _____	Contact Name _____
Mailing Address _____	Phone # _____
City, State Zip _____	

Facility Information

Facility Name _____	BUSTR ID _____
Facility Address _____	County _____
City, Zip _____	Phone # _____

Removed Tanks

	Product	Capacity	Removal Date	Month & Year Last Used	Used for Heating on Premises?	Used for Emergency Generator?
Tank #1	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #2	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #3	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #4	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Installed Tanks

	Product	Capacity	Installation Date	Date Product Placed in Tank	Used for Heating on Premises?	Used for Emergency Generator?
Tank #1	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #2	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #3	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #4	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature _____ Date _____

Title _____ Phone Number _____

Return to:
Petroleum UST Board
Post Office Box 163188
Columbus, OH 43216-3188

OR Fax to:
(614) 752-8397