Notification of Election of Coverage under
The Alabama Drycleaning Environmental Response Trust Fund Act
(Please fill out the form completely; type or print neatly)

Name of Legal Entity or Potentially Eligible Party______________________________________
Mailing Address ___________________________________________________________________
FEIN/SS Number ____________________________________________________________________
Number of sites to be included under this account number_______________________________

Site Name (submit one form per site)
________________________________________________________________________________
Physical Address, City, County ______________________________________________________

Site Type: (See Definitions ADERTF 287-1-1-.01)
_________ Active Drycleaning Facility
_________ Abandoned Drycleaning Facility
_________ Wholesale Distributor

Potentially Eligible Party: (See Definitions ADERTF 287-1-1-.01)
_______ Active Dry Cleaner Facility Owner or Operator,
_______ Abandoned Drycleaning Facility Facility Owner or Operator,
_______ Wholesale Distributor Facility or Operator,
_______ Property Owner (Impacted Third Party) Active Drycleaner must participate in the
Trust Fund;

Name of Contact Person ______________________________________________________________
Telephone Number _________________________________________________________________
Email address ________________________________________________________________

I elect to be covered by the Act ___. I elect not to be covered by the Act ___.
(mark if yes) (mark if yes)

I hereby certify that I am aware that I am making the above election pursuant to the provisions of the
Alabama Drycleaning Environmental Response Trust Fund Act.

By: ___________________________________________ (typed or printed name)
Signature: _______________________________________
Title: ______________________________________ Date:___________________
(typed or neatly printed)

Send to:

Land Division, Chief
Alabama Department of Environmental Management
Post Office Box 301463
Montgomery, Alabama 36130-1463
Attn: ADEM ADERTF Contact Ashley Powell

ADEM Form 425