

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