

## ADDRESS CHANGE FORM FOR OWNERS OF UST SYSTEMS



**KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
 UNDERGROUND STORAGE TANK BRANCH  
 200 FAIR OAKS LANE, SECOND FLOOR  
 FRANKFORT, KENTUCKY 40601  
 502-564-5981  
<http://waste.ky.gov/ust>**

**FOR STATE USE ONLY**

### ADDRESS CHANGE OR CORRECTION

AGENCY INTEREST NUMBER:

MAILING ADDRESS:

CITY:

ZIP CODE:

TELEPHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS (optional):

### UST SYSTEM OWNER'S SIGNATURE

I hereby certify under penalty of law that I am the (mark one):  Owner  Legally-authorized representative of the owner AND

**I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.**

*\*NOTE\* If individual signing this other than the president or secretary of a corporation, attach a notarized copy of power of attorney, or resolution of board of directors which grants individual the legal authority to represent the company. (Does not apply to single proprietorship or partnership)*

PRINTED NAME OF OWNER (or Authorized Representative):

TITLE:

SIGNATURE OF OWNER (Or Authorized Representative):

DATE:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Subscribed and sworn to before me by: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_

Commission State at Large: \_\_\_\_\_ OR County: \_\_\_\_\_

My commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SEAL OPTIONAL

If you have questions on how to fill out this form or to request a review of the UST facility records, please contact the UST Branch at 502-564-5981 or visit the Web site at <http://waste.ky.gov/ust>.