

Mississippi Groundwater Protection Trust Fund Application

I. Leaking Underground Storage Tank Site Information

Facility Name:

Street Address:

City:

State: **MS**

Facility ID#:

II. Tank owner responsible for the environmental issues at the above referenced location. All correspondence regarding environmental work will be mailed to this address.

Tank Owner Name:

Mailing Address:

City:

State:

Zip Code:

E-Mail Address:

Contact Person:

Telephone Number:

Cell Number:

Fax Number:

III. Tank owner responsible for the reimbursement activities (invoices and payments). All correspondence regarding reimbursement payments will be mailed to this address.

Tank Owner Name:

Mailing Address:

City:

State:

Zip Code:

Contact Person:

Telephone Number:

Cell Number:

Fax Number:

Company Tax I.D. # / Individual Social Security #:

IV. Environmental or Immediate Response Action Contractor (ERAC or IRAC) chosen to perform the activities.

ERAC/IRAC Name:

Mailing Address:

City:

State:

Zip Code:

Contact Person:

Phone Number:

V. Reimbursement Selection

I request that the reimbursement from the Mississippi Groundwater Protection Trust Fund be paid directly to: (check one)

Tank owner listed in Section III above. **OR** ERAC/IRAC listed in Section IV above.

VI. I hereby certify that the above information is true and correct to the best of my knowledge as of the date below:

Signature:

Date: