

# 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:

Contact Person:

Phone / Cell Number (circle one):

Cell / Fax Number (circle one):

Email Address:

## 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:

Phone / Cell Number (circle one):

Cell / Fax Number (circle one):

Company Tax ID # / Individual Social Security # (required only if reimbursement is paid directly to the Tank Owner and not the ERAC):

## IV. Environmental Response Action Contractor (ERAC) chosen to perform the activities

ERAC Name:

Mailing Address:

City:

State:

Zip Code:

Contact Person:

Phone / Cell Number (circle one):

Email Address:

## 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 listed in Section IV above

\* Company Tax ID # / Individual Social Security # required only if reimbursement is paid directly to the Tank Owner and not the ERAC.

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: