

**State Water Resources Control Board
Underground Storage Tank Cleanup Fund
Claimant Contact Information**

This form is for Claimant contact information only. If the Claimant is an individual, Section B must include the contact information for the *individual* Claimant(s). If the Claimant is a *business entity*, Section B must list the address for the headquarters (official address for tax and legal purposes) and must list the contact information for a person who works for the business entity, not a subsidiary or other affiliates. If the Claimant would like to designate another person as the main contact, please provide the contact information for the designated person in Section D. **If this is an address change, please submit a new Payee Data Record (STD 204 form) which can be found on the Fund's website.** Please note that the designated contact cannot sign Fund documents on behalf of the Claimant unless the Fund has approved a Power of Attorney submitted by the Claimant.

If you have any questions about completing this form, contact the Fund at ustcleanupfund@waterboards.ca.gov.

SECTION A (REQUIRED)	<input type="checkbox"/> Global Change (See attached list of claims) Claim No.: _____ Priority: _____ Region: _____ Site Address: _____
SECTION B (REQUIRED)	CLAIMANT CONTACT INFORMATION
	Claimant Name(s): _____ Attention: _____ Claimant Address of Record : _____ City: _____ State: _____ Zip Code: _____ Claimant Phone: _____ Fax: _____ E-mail: _____
SECTION C	JOINT CLAIMANT/CO-PAYEE CONTACT INFORMATION
	<input type="checkbox"/> JOINT CLAIMANT INFORMATION <input type="checkbox"/> CO-PAYEE INFORMATION Joint Claimant/Co-Payee Name: _____ Joint Claimant/Co-Payee Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Joint Claimant /Co-Payee Phone: _____ Fax: _____ E-mail: _____
SECTION D	CORRESPONDENCE BUSINESS MAILING ADDRESS (If different from above)
	C/O (Business Name): _____ Attention: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact Name: _____ Phone: _____ E-mail: _____

**SECTION E
(REQUIRED)**

CLAIMANT CERTIFICATION – I certify to the following:

- I am the claimant for the above-mentioned claim, and I have personally examined and am familiar with the information submitted in this document;
- I understand that as the claimant to the Fund, I am fully responsible for the verification, submission, and distribution of all documents associated with this claim; and
- I understand that any misrepresentation herein may lead to disqualification of this claim.

I, the undersigned, certify under penalty of perjury that these statements are true and correct.

Print Name (Claimant)

Signature

Date

Print Name (Joint-Claimant)

Signature

Date

**SECTION F
(STATE USE ONLY)**

State Use Only

REVIEWER

- 204 ENTITY TYPE _____ CA RESIDENT? Y N
- LOC NEEDED? Y N
- REVIEWER INITIALS _____ DATE _____

State Use Only

DATA ENTRY

- LOC SENT TO ACCOUNTING
- REVIEWER INITIALS _____ DATE _____