The Rhode Island U.S.T. Review Board

Please submit this original form. All applications must be typed. Please enclose your **\$150.00** application fee made payable to The R.I. Underground Storage Tank Financial Responsibility Fund Review Board. All line items must be completed for review.

completed for review.					
Site Information					
Applicant's Name					
Contact Person	Name			Phone	# ()
	Fax# ()				
Mailing Address					
Site Name					
Site Address	Street				Longitude
	City		, RI	Zip	Latitude
Type of Facility					
LUST Case#					
(if known)					
Release Informatio	n				
Date of discovery of release					
Method of discovery of release					
Cause of release, if known					
Type of petroleum released					
Estimated amount of release					
UST # responsible for release					
(for multiple systems)					
-					
the date hereof. I further necessary inspections made licenses, registrations, perm	certify that this su to verify the accur nits, certificates an	ubmission is in compliance racy of any submission to nd the operation of a US	e with R.I.G.I the Board a T system. I	L. 46-12.9. I her nd made pursuan am aware that th	e and information given herein are true on eby consent to all audits of payment and t to law and incidental to the issuance of here are significant penalties for submitting am authorized to execute this form.
Signature of Applican		Date	Signed		
Subscribed and sworn	n the county of			, State of	
	on this	_ day of,	My	commission e	xpires
Signature of Notary P			(fo	rm 1)	

10/12/99