RI UST Financial Responsibility Fund

Form 1a: Deductible Determination

The RI UST Financial Responsibility Fund offers eligible applicants the opportunity for a lower deductible amount to access the Fund. Ineligible applicants will remain subject to the $20,000 deductible.

Please provide the following information to be considered for a reduced deductible amount.

SUBMIT COMPLETE APPLICATION TO: Dept. of Environmental Management
235 Promenade St- Room 380
Providence, RI 02908

OR DEM.USTFund@DEM.RI.GOV
(if valid electronic signatures are used)

Contact Information

UST Facility Owner/Operator Name: _____ Company Name: _____

E-mail: _____ Phone Number: _____

Mailing Address: _____

UST Site Fund Compliance Information

UST Number:_____ LUST Number: _____ RFR Number: _____

Site Address: _____

Check/Answer the following:

1. For how many months/years have you owned the site listed above? _____
1a. How many UST Facilities do you own/operate in the State of Rhode Island? _____
2. Is your name on the property tax bill? ☐ Yes ☐ No, the name on bill is: _____
3. Property Type: ☐ Commercial ☐ Residential ☐ Other: _____
4. Drinking Water Source: ☐ Private Well ☐ Municipal ☐ Other: _____
5. Has this site received a:
   a. Notice of Violation (NOV) in the last 10 years? ☐ Yes ☐ No
   b. Notice of Intent to Enforce (NOIE) in the last 3 years? ☐ Yes ☐ No

Signature and Date

I HEREBY ACKNOWLEDGE THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE AND ANSWERED TO THE BEST OF MY KNOWLEDGE WHICH IS DEMONSTRATED BY MY SIGNATURE BELOW:

Name: _____

Date: _____ Signature: _____

NOTARIZE THIS DOCUMENT BELOW

State of Rhode Island County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____, by _____ who proved to me through satisfactory evidence of identification to be the person who appeared before me.

_____
(*Official signature of notary*)

Notary Seal

_____
(*Notary's printed name*)

Notary Public
My Commission expires: _____