



CHANGE OF INFORMATION FORM ABOVEGROUND TANKS ONLY

This information is required under 1941 PA 207, as amended. Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor and/or civil penalties not to exceed \$5,000 per day for each tank for which notification is not given or for which false information is submitted.

OWNER NAME		LOCATION NAME OR SITE IDENTIFIER	FACILITY NUMBER
OWNER ADDRESS		FACILITY STREET ADDRESS (PO BOX NOT ACCEPTABLE)	
CITY		CITY	ZIP CODE
STATE	ZIP CODE	AREA CODE & TELEPHONE NUMBER	
AREA CODE & TELEPHONE NUMBER		CONTACT PERSON (AT LOCATION)	
TYPE OF FACILITY <input type="checkbox"/> Flammable or Combustible Liquids Storage <input type="checkbox"/> Liquefied Petroleum Gas Storage <input type="checkbox"/> Compressed Natural Gas <input type="checkbox"/> Hydrogen Storage		TYPE OF REPORT <input type="checkbox"/> New Owner <input type="checkbox"/> Closure of Facility (All Storage) <input type="checkbox"/> Closure of Tanks <input type="checkbox"/> Tank(s) Returned to Service	

TANKS OUT OF USE OR CHANGE IN SERVICE

TANK IDENTIFICATION NUMBER	TANK #	TANK #	TANK #	TANK #	TANK #
CAPACITY OF TANK					
PRODUCT STORED					
DATE TANK WAS:	INSERT DATE IN ALL BOXES THAT APPLY				
A: REMOVED FROM PREMISES					
B: EMPTIED AND CLEANED					
C: PIPE DISCONNECTED					
D: CHANGED TO NONREGULATED SUBSTANCE					
E: RETURNED TO REGULATED STORAGE					

CERTIFICATION
 (Read and Sign After Completing ALL Sections)

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.		
Name and Official Title of Owner or Owner's Authorized Representative (Print)	Signature	Date
COMMENTS AND/OR CLARIFICATION TO THE STORAGE TANK UNIT STAFF:		

MAIL TO: STORAGE TANK UNIT
 WASTE AND HAZARDOUS MATERIALS DIVISION
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 PO BOX 30241
 LANSING MI 48909-7241