Notification of Election of Coverage under
The Alabama Drycleaning Environmental Response Trust Fund Act
(Please fill out the form completely; type or print neatly)

Send to:
Phillip D. Davis, Chief
Land Division
Alabama Department of Environmental Management
Post Office Box 301463
Montgomery, Alabama 36130-1463

______________________________________________________________________________
(name of legal entity owning/operating a drycleaner or wholesale distributor)
______________________________________________________________________________
(type of legal entity, e.g., corporation, partnership, sole proprietorship, LLC, etc.)
______________________________________________________________________________
(mailing address)
______________________________________________________________________________
(mailing address)
______________________________________________________________________________
(city, state, zip code)
______________________________________________________________________________
(name of facility contact, area code and telephone number)

I elect to be covered by the Act __________. I elect not to be covered by the Act __________.
(mark if yes)                                                                               (mark if yes)

I hereby certify that I am aware that I am making the above election pursuant to the provisions of
the Alabama Drycleaning Environmental Response Trust Fund Act.

By:  _____________________________________
     (typed or printed name)

Signature: _____________________________________

Title: _____________________________________
     (typed or neatly printed)

Date: _____________________________________

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