

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:

Wm. Gerald Hardy, 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: _____