

**PAUSTIF CLAIM INTAKE FORM
UNDERGROUND STORAGE TANK CLAIMS**

DEP FACILITY #

FACILITY NAME

OWNER NAME

DATE OF RELEASE DISCOVERY

DATE CLAIM REPORTED

LOCATION OF RELEASE

IF OTHER PLEASE SPECIFY:

DESCRIPTION/CAUSE OF RELEASE:

CLEANUP ACTIVITIES:

DO YOU KNOW WHAT TANKS WERE INVOLVED? YES NO

ANY OTHER APPLICABLE INSURANCE POLICIES IN EFFECT? YES NO UNKNOWN

ANY OFFSITE IMPACT? YES NO UNKNOWN

DO YOU KNOW WHO DISTRIBUTORS ARE? YES NO

OWNER CONTACT INFORMATION

OWNER NAME

COMPANY NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

EMAIL

ENVIRONMENTAL CONSULTANT CONTACT INFORMATION

CONSULTANT NAME

COMPANY NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

EMAIL

I CERTIFY THAT THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PERMISSION TO SUBMIT THIS CLAIM ON BEHALF OF THE TANK OWNER.

REPORTED BY:

CONTACT PHONE NUMBER

EMAIL

PLEASE EMAIL THIS FORM TO: RA-IN-FBSCLAIMS@PA.GOV WITH THE SUBJECT LINE: **CLAIM NOTIFICATION SUBMITTAL FORM**

NOTE: PLEASE SAVE A COPY FOR YOUR RECORDS