

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

DEP FACILITY # \_\_\_\_\_

DATE OF RELEASE DISCOVERY

DATE CLAIM REPORTED

LOCATION OF RELEASE

(Please Specify Other) :

DESCRIPTION/CAUSE OF RELEASE

**CLEANUP ACTIVITIES**

ANY ENVIRONMENTAL INSURANCE IN EFFECT? YES NO

APPLICABLE COMPANY NAME:

Tank(s) Involved in the Release :

ARE YOU AWARE OF ANY OFFSITE IMPACT: YES NO

DESCRIPTION OF OFFSITE IMPACT:

**OWNER CONTACT INFO**

Name:

Company:

Address:

Phone :

Email :

**ENVIRONMENTAL CONSULTANT INFO**

Name:

Company:

Address :

Phone :

Email :

**Please certify that the information is correct to the best of your knowledge and that you have permission**

**to submit this claim on behalf of the tank owner? YES**

REPORTED BY

PHONE #

EMAIL :

COMMENTS: