

PSTD CHANGE OF INDEMNITY FUND (IF) APPLICANT MAILING ADDRESS FORM

Oklahoma Corporation Commission,
Petroleum Storage Tank Division,
2101 N. Lincoln Blvd., Oklahoma City, OK 73105
Office: (405) 521-4683 Fax: (405) 521-4945

This form may be used to notify the PSTD of an "Existing IF Applicant's" Change of Address

Case ID #: _____

INDEMNITY FUND APPLICANT INFORMATION

First Name

Last Name

or Business Name

ADDRESS CHANGE INFORMATION

Current mailing address on file

New mailing address

Applicant's Signature

Date

NOTE: The person signing this form states that he or she is the Indemnity Fund Applicant whom all official documentation regarding the OCC Release Case will be forwarded. Anyone submitting false or inaccurate information on this form is subject to penalty or fine in an amount allowed by law.

PRIVACY NOTICE: The information you provide will be used by the Oklahoma Corporation Commission Petroleum Storage Tank Division to forward all official documentation, information, and notification that concerns your OCC-PSTD Release Case.