



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

INNOCENT VICTIM PETROLEUM STORAGE SYSTEM RESTORATION PROGRAM (IVPSSRP) APPLICATION Pursuant to Section 376.30715, Florida Statutes

Facility Name: _____

Facility Address: _____

Real Property Owner: _____

Real Property Owner Address: _____

Property Owner's Telephone No.: Business: _____

Home: _____

E-mail Address: _____

Date current real property owner acquired property: _____
(Attach copy of Deed)

Date of discovery of contamination from the petroleum storage system(s): _____
(Attach copy of Discharge Reporting Form or documentation of contamination)

Date that **all** petroleum storage system(s) were taken out of service/last used: _____
(Attach tangible evidence)

Have the petroleum storage system(s) from which a discharge occurred been properly closed and comply with the Department's petroleum storage system closure requirements? _____
If yes, date of proper closure: _____

Is the facility registered with DEP? _____ If yes, DEP Facility Identification Number: _____

Fill in the information listed below for **each** tank at the facility. Attach additional sheets, if required.

Tank(s)	Size(s) gallons	Underground Aboveground	Tank Contents When in Service	Date of Last Use

I UNDERSTAND THAT I MAY NOT RECEIVE ANY REMUNERATION (i.e., anything of value), IN CASH OR IN KIND, DIRECTLY OR INDIRECTLY, FROM A PETROLEUM SITE REHABILITATION CONTRACTOR (AGENCY TERM CONTRACTOR (ATC)) PERFORMING SITE CLEANUP ACTIVITIES IN THE PETROLEUM RESTORATION PROGRAM. This prohibition does not allow accepting free assistance from an ATC to gain entrance into an eligibility program. If an ATC assisted you with this application, please provide a copy of the cancelled check or other proof of payment to that contractor for the services provided.

To the best of my knowledge and belief, all information on this form is true, accurate and complete.

Signature of Person Completing Form: _____ Date: _____

Name Typed or Printed: _____ Title: _____