



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL

Authorization to Submit Notification of Underground Storage Tank Form

Facility #: _____

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

The undersigned Owner/Operator gives authorization to the below company/individual to submit the Notification for Underground Storage Tank Form on their behalf for the above referenced facility:

Name of Authorized Representative: _____

Title/Position: _____

Company Name: _____

Company Address: _____

SIGNED:

Under penalties for perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Owner/Operator Signature Owner Operator _____
Date

Print Full Name of Person Signing Title/Position (if not sole proprietor)

Email Address for Person Signing