



STORAGE TANK SYSTEMS CHANGE OF OWNER / OPERATOR

CURRENT SITE INFORMATION

Site Name: _____ Site Number: _____

NEW SITE INFORMATION

Site Name: _____ Address: _____

Town: _____ Postal Code: _____ Province: _____

NEW OWNER INFORMATION

Owner Name: _____ Owner Number: _____ Company Name: _____

Address: _____ Town: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____ Cell: _____

NEW OPERATOR INFORMATION (IF DIFFERENT FROM EXISTING OPERATOR)

Owner Name: _____ Owner Number: _____ Company Name: _____

Address: _____ Town: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____ Cell: _____

Additional Information:

Change of Ownership

- Site, tank, or piping status change (details attached) Change of ownership effective date: _____
- No site or tank changes to report
- I agree and confirm the information provided above is true and complete to the best of my knowledge.

Name (please print): _____ Signature: _____ Date: _____

The personal information on this form is being collected to support the administrative requirements authorized under Section 33 (c) of the Freedom of Information and Protection of Privacy Act. The personal information will be managed in compliance with the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions concerning the collection of this personal information, please contact the FOIP Coordinator at 403-223-5519