

# Change of Dry Cleaning Activity Form



State of Oregon  
Department of  
Environmental  
Quality

Land Quality Division  
Dry Cleaner Program  
811 SW 6th Ave.  
Portland, OR, 97204  
Phone: 503 229-6783  
800-452-4011  
Fax: 503 229-6954

**Use this form to notify or update DEQ about activities at your dry cleaning facility or dry store.**

Dry Cleaning facilities or Dry Stores are required\*, to notify the Oregon Department of Environmental Quality (DEQ) within 60 days of any changes in dry cleaning activities. For example, if a business owner or land owner changes, this form must be updated.

\* Oregon Administrative Rule 340-124-0050 adopted October 2002.

**1. Please complete this Notification Form** (*Check all that apply and provide the information asked for*).

- First notification:** This is the first notification of dry cleaning or dry store activity for this location.
- Facility Status. Dry Cleaner  Dry Store
- Dry Cleaner converting to Dry Store.  Dry Store Converting to Dry Cleaner
- Installation of New Dry Cleaning Machine. Installation Date: \_\_\_\_\_
- Installation of Used Dry Cleaning Machine. Installation Date: \_\_\_\_\_
- Business converting from dry cleaning activities to other type of business.  
Type of new Business \_\_\_\_\_
- Business closed at this location\*\*. Date of closure \_\_\_\_\_
- Business change of ownership. Date of change \_\_\_\_\_
- Facility name change. Facility name prior to name change \_\_\_\_\_
- Business address officially changed through the U.S. Post Office.
- Comments: \_\_\_\_\_

**2. Facility name:** \_\_\_\_\_

**3. If different from #2 above, how is your facility name filed with the Oregon Secretary of State's Corporations Division?**

*\*\*Dry Cleaning facilities that become inactive may continue to be eligible for funding under the dry cleaner program by completing an Application for Listing Inactive Dry Cleaning Facility form. The form must be completed within 180 days of the facility becoming inactive. Applicable fees are also required.*

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**4. The PHYSICAL LOCATION of this facility is (Do NOT enter a PO Box):**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **OR** ZIP: \_\_\_\_\_

**5. The MAILING ADDRESS of this facility is:**

Street Address or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**6. The LEGAL OWNER of this business or operation is:**

Name of person or organization: \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**7. The LAND OWNER of the property where this facility is located is:**

Name of person or organization: \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

## CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

Send Completed Form To: **Oregon DEQ  
Land Quality Division  
Attn: Dry Cleaner Program  
811 SW Sixth Avenue  
Portland, OR 97204-1390**