

2004 Dry Store Registration Verification Report

1. Business Name: _____

☛ If Business has moved, Please call 503-229-6783

Street address of business: _____

City, St Zip: _____

Current business name, if different from above: _____

2. Did this business close during 2004? Yes Date of closure ____/____/2004 No

3. Did the business ownership of this facility change in 2004? Yes. No

☛ If yes, answer a, b, and c below. Then make changes to questions 5, 6, and 7.

- a. If yes, date of ownership change _____
- b. If yes, indicate one of the following: I represent the current owner of this facility
 I represent the previous owner of this facility
- c. If yes, which months in 2004 are you reporting for? _____

4. a. Do you continue to operate as a dry store at this location? Yes No Yes, but stopped in 2004

b. Have you started to dry clean at this location? Yes, started in 2004 No

☛ If yes, contact DEQ at 503-229-6783 for the correct reporting form.

c. Has there ever been a dry cleaner at this physical location? Yes No

d. Does this location have a dry cleaning machine onsite? Yes No

☛ Verify the information in the left column, and make any corrections in the right column:

5. The listed owner of: _____ is: _____		New owner information here: ▼	
Name: _____	Name: _____		
Address: _____	Address: _____		
Phone: _____	Phone: _____		

6. The listed owner of the property on which _____ is located is: _____		New Property owner information here: ▼	
Name: _____	Property Owner Name: _____ OR		
Address: _____	Property Mgt Contact Name: _____		
City, St Zip _____	Address: _____		
Phone: _____	City, St Zip: _____		
	Phone: _____		

7. The mailing address for _____ is: _____		New mailing information here: ▼	
Name: _____	Name: _____		
Address: _____	Address: _____		
City, St Zip _____	City, St Zip: _____		

☛ Sign the certification statement below.

CERTIFICATION OF ACCURACY

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine.

Signature:

Date:

Name **(please print)**:

Title **(please print)**:

REMEMBER TO MAKE A COPY OF THIS REPORT FOR YOUR RECORDS

Check this box if you prefer a Korean or Vietnamese version of these documents in the future.