

Notification of Election of Coverage under  
The Alabama Drycleaning Environmental Response Trust Fund Act  
(Please fill out the form completely; type or print neatly)

Send to:

Phillip D. Davis, Chief  
Land Division  
Alabama Department of Environmental Management  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

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(name of legal entity owning/operating a drycleaner or wholesale distributor)

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(type of legal entity, e.g., corporation, partnership, sole proprietorship, LLC, etc.)

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(mailing address)

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(mailing address)

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(city, state, zip code)

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(name of facility contact, area code and telephone number)

I elect to be covered by the Act \_\_\_\_\_. I elect not to be covered by the Act \_\_\_\_\_.  
(mark if yes) (mark if yes)

I hereby certify that I am aware that I am making the above election pursuant to the provisions of the Alabama Drycleaning Environmental Response Trust Fund Act.

By: \_\_\_\_\_  
(typed or printed name)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_  
(typed or neatly printed)

Date: \_\_\_\_\_