State of Ohio Environmental Protection Agency

Cessation of Regulated Operations Program

Holder of the First Mortgage/Fiduciary/Indentured Trustee/Receiver (15/60 Day Form)

☐ Original ☐ Update

Date: ____/____/____ County where facility is located: _____

Check the Appropriate Box

☐ Holder of the First Mortgage ☐ Fiduciary ☐ Receiver ☐ Indentured Trustee

Where to Send the Completed Form:

Send Originals to:
Ohio EPA-DMWM
Reporting, Analysis and Data Management
Lazarus Government Center
P.O. Box 1049
Columbus, Ohio 43216-1049

Send a Copy to:
Local Emergency Planning Committee

Local Fire Department Having Jurisdiction of the Facility

1.0	**Holder/Fiduciary/Indentured Trustee/Receiver Identification**		
1.1	Name (50 char max)		
1.2	Mailing Address (45 char max)		
	City (20 char max)	Zip Code	State
	Contact Person	Telephone # (Area Code)	

2.0	**Facility Identification**		
2.1	Facility Name (50 char max)		
	Street Location (45 char max)		
	City (20 char max)	Zip Code	State **OH**
2.2	Fire Department	Telephone # (Area Code)	

Has the owner/operator filed for bankruptcy? Yes ☐ No ☐

If yes, provide the date of the filing.

____/____/____

If applicable, when did the court appoint a receiver?

____/____/____

3.0	**Owner Abandonment or Operator's Failure to Provide Security**	
3.1	When and how did you find out about the abandonment by the owner or the operator's failure to provide security?	
3.2	Date of CRO or Abandonment: ____/____/____	(This space for Ohio EPA use only)
3.3	Date When You Provided Security: ____/____/____	
3.4	Date When Security is Scheduled to End: ____/____/____	
3.5	Date When You Transferred the Title, Released the Mortgage or Leased the Facility: ____/____/____	
3.6	Additional Information (if needed)	

4.0	**Certification (Read and Sign After Completing all Sections)**		
4.1	Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations, I, the undersigned, certify to the best of my knowledge, after making all appropriate inquiries, that the information contained in and accompanying this document is true, accurate and complete.		
4.2	Name (Print)	Signature	Date Signed ____/____/____