



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 <input type="checkbox"/> Holder of the First Mortgage <input type="checkbox"/> Fiduciary <input type="checkbox"/> Receiver <input type="checkbox"/> Indentured Trustee		Where to Send the Completed Form: Send Originals to: Ohio EPA-DERR Hazardous Waste Compliance Assurance Section 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		Has the owner/operator filed for bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the date of the filing. ___/___/___ If applicable, when did the court appoint a receiver? ___/___/___
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)	
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 ___/___/___