



**UNDERGROUND STORAGE TANK  
COMMUNITY ASSISTANCE PROGRAM**

**PETROLEUM SALES VOLUME REPORT**

Contract Number:

Business Name:

Owner Name:

Mark one only:  Annual \_\_\_\_\_  
Year

1st Quarter (ending 3/31/\_\_\_\_)     3rd Quarter (ending 9/30/\_\_\_\_)  
 2nd Quarter (ending 6/30/\_\_\_\_)     4th Quarter (ending 12/31/\_\_\_\_)

***Our office must receive this report within ten days after the end of the specified reporting period. If you do not send us your report, it may be considered a breach of contract and could cause the entire grant amount to become immediately due and payable. Grantees must submit this report for the entire duration of the grant agreement.***

List the total gallons of petroleum sold during your specified reporting period (include diesel): \_\_\_\_\_ gallons

Are your tanks currently registered with the Department of Licensing (DOL)?  YES  NO

DOL Master Business License UBI # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are your tanks currently covered by pollution liability insurance?  YES  NO

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date of Policy \_\_\_\_\_

Please list your days and hours of operation \_\_\_\_\_

*The following questions will help us determine if the operation of your business continues to meet a vital local government, public health, education, safety or recreational need in your community.*

Please list the specific name of agencies or entities and the number of gallons of petroleum purchased during your specified reporting period.

Local: _____	# of Gallons: _____
County: _____	# of Gallons: _____
State: _____	# of Gallons: _____
Federal: _____	# of Gallons: _____
Tribal: _____	# of Gallons: _____
Fire Protection: _____	# of Gallons: _____
Medical Services: _____	# of Gallons: _____
School Services: _____	# of Gallons: _____
Other: _____	# of Gallons: _____
_____	# of Gallons: _____
_____	# of Gallons: _____

**TOTAL # OF GALLONS SOLD:** \_\_\_\_\_

Please list the current contracts between your business and government agencies or entities:

AGENCY NAME	CONTACT PERSON
_____	_____
_____	_____
_____	_____

*I certify that to the best of my ability, I have completed all required parts of this report truthfully and completely. I understand that providing false and/or misleading information may cause the entire grant amount to become immediately due and payable and that I could be held liable under Washington State law.*

\_\_\_\_\_  
Signature of Grantee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Grantee (if applicable)

\_\_\_\_\_  
Date