



**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