

PERCHLOROETHYLENE USE AFFIDAVIT



BEFORE ME, the undersigned authority, on this day personally appeared _____ (type or print name), known to me to be the person whose name is ascribed below who being by me first duly sworn, upon their oath, stated as follows:

1. **Certification.** My name is _____. I am over the age of 18 and legally competent to make this affidavit. I have personal knowledge of the facts stated herein by and through my position as the current or former facility owner, real property owner, or preceding real property owner of the site referenced in this affidavit, or as the legally authorized representative of the current or former facility owner, real property owner, or preceding real property owner of the site referenced in this affidavit. The facts stated herein are true and correct. I understand that perchloroethylene may not be used at a site subject to corrective action under the Dry Cleaning Facility Release Fund. I also understand that, following the commencement of corrective action under the Dry Cleaning Facility Release Fund, a written notice will be filed in the real property records of the county or counties where the site is located to notify future property owners that perchloroethylene may not be used at the site.

2. **Site Location Information.** Provide the requested information for the site to which this affidavit and the attached TCEQ Dry Cleaner Remediation Program Application for Ranking apply.

TCEQ Regulatory Entity No. (if already assigned): RN _____

Location/Facility Name: _____ County: _____

Physical Address: _____

City/State/Zip: _____ Phone No: ____/____-_____

3. **Affiant Information.** Provide the requested information for the individual completing this affidavit.

Affiant name: _____

Affiant relationship to Site (check one):

- Facility Owner
- Former Facility Owner
- Real Property Owner
- Preceding Real Property Owner
- Legally Authorized Representative of Facility Owner
- Legally Authorized Representative of Former Facility Owner
- Legally Authorized Representative of Real Property Owner
- Legally Authorized Representative of Preceding Real Property Owner

If Affiant is a legally authorized representative, please provide the name of the entity represented:

Affiant Mailing Address: _____

City/State/Zip: _____ Phone No: ____/____-_____

Affiant e-mail address: _____

4. **Eligibility.** Answer "TRUE" or "FALSE" to each of the following declarations by marking an "X" in the appropriate box.

TRUE	FALSE	DECLARATION
		Perchloroethylene is not currently being used at the site described in Part 2, "Site Location Information."
		I agree that perchloroethylene will not now or ever be used at the site described in Part 2, "Site Location Information."

5. **Signature and Notarization.**

Signature: _____ Title: _____
(Sign before an authorized Notary Public)

SUBSCRIBED AND SWORN before me by _____

(Signature of Notary Public)

on this the ____ day of _____ 200__, to which witness my hand and seal of office.

My Commission Expires: _____