



Colorado Department of Labor and Employment  
 Division of Oil and Public Safety – Petroleum Storage Tank Fund  
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## Affidavit: Property Owner (Inherited Property)

(Revised 6/29/2016)

A Fund applicant who inherited property on which contamination in present and is seeking to establish reimbursement eligibility as a property owner who bears no responsibility for the release is required to complete this affidavit and sign it before a notary public. More information about this requirement is available in Sections 8-20.5-206 (3) (a) and 8-20.5-303 (3) (a) of the [Colorado Revised Statutes](#).

RAP #: \_\_\_\_\_

### Applicant Certification

I, \_\_\_\_\_, being first duly sworn upon, depose and state the following:  
(Applicant Name)

- I acquired the property at \_\_\_\_\_ on \_\_\_\_\_.  
(Address) (Date)
- I inherited this property from \_\_\_\_\_, my \_\_\_\_\_.  
(Name) (Relationship)
- I have never operated petroleum storage tanks on this property.
- I never leased tanks on this property to any other person for operation.
- When I acquired this property, I had no reason to know, by personal knowledge or observation, representations by the seller or any other person, environmental assessments, reports or any other means, that there had ever been a release of petroleum product on this site.
  - "Release" means any spilling, leaking, emitting, discharging, escaping, leaching or disposing of a regulated substance from a petroleum storage tank system into groundwater, surface water, surface soils or subsurface soils.
- I discovered petroleum contamination on this property on/after December 22, 1988, namely \_\_\_\_\_.  
(Date)
- I understand that there are severe criminal penalties for any false statement or misrepresentation of a material fact, knowing it to be false or knowingly failing to disclose a material fact with the intent to defraud.

Fund Applicant Name:		Title:	
Fund Applicant Signature:		Date:	

### Notary Public Certification

Subscribed and sworn to before me in the county of \_\_\_\_\_, State of \_\_\_\_\_,  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Printed Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_