

Borough of Medford Lakes

UST REGISTRATION FORM

Property Location

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Owner Information (If different from above)

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Check Appropriate Boxes: Initial Registration Change of Ownership Active UST Abandoned UST

Size of Tank: _____ gallons Type of Tank _____ Age of Tank _____

Please attach a sketch showing the location of tank on your property.

If you have an abandoned UST please attach evidence of the proper closure of the abandoned tank. This can include construction permit issued by the Borough of Medford Lakes and/or Letter of No Further Action from the NJDEP.

Information on UST remediation can be found at www.nj.gov/dep/srp/

Property Owner Certification

I, property owner of the above referenced property hereby certify that I have personally examined and I am familiar with the information submitted in this registration and all attached documents, I believe this information to be true, accurate and complete. I also acknowledge that I have received a copy of Ordinance 587 of the Borough of Medford Lakes.

Signature of Property Owner

For Borough Use Only

Registration Date: _____ Identification Tag # _____

Issuing Authority Signature _____