



IDAHO PETROLEUM STORAGE TANK FUND
1215 WEST STATE STREET
P.O. BOX 83720
BOISE, ID 83720-0044
(208) 332-8100 or 1-877-997-7664

REQUEST FOR ASSIGNMENT OF INTEREST

Assignor Information (Named Insured)

Policy No. _____ Named Insured _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____

DEQ Site No. _____ Site Name _____

Site Street Address _____

City _____ State _____ Zip _____

I, (Named Insured) _____ request to assign policy coverage on the insured petroleum storage tank(s) located at the property described above to _____ on (effective date) _____

Signature - Named Insured (Assignor) Date

Assignee Information (New Owner/Operator)

Legal Entity _____

Contact Name _____ Tax Identification Number _____

Mailing Address _____

City _____ State _____ Zip _____ Phone (____) ____ - ____

E-mail Address _____

Site Name _____

Legal Entity Type (Check most appropriate one.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Federal Agency | <input type="checkbox"/> School District |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> State Agency | <input type="checkbox"/> Irrigation District |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> City or Municipality | <input type="checkbox"/> Indian Tribe/Nation |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> County | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Limited Liability Company (LLC) | | |
| <input type="checkbox"/> Other _____ | | |

