

**Montana Petroleum Tank Release Compensation Board**  
**Disposition of Purchased Remediation Equipment**  
**Form 9**

I, the undersigned, have read and understand the conditions of the Petroleum Release Compensation Board Administrative [Rule 17.58.344\(6\)\(c\)](#) regarding equipment. Call 406-444-9710 for assistance.

<b>Owner Name:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone Number:</b>	

<b>Facility Name</b>	<b>Facility #</b>	<b>Release #</b>	
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<b>Facility Address:</b>	
<b>City:</b>	
<b>Phone Number:</b>	

Equipment	Model	Purchase Date	Price	Life Expectancy (years)	Salvage Value
Total					

**Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please complete and return to:

**Petroleum Tank Release Compensation Board**  
**PO Box 200902**  
**Helena MT 59620-0902**