

**PSTD CHANGE OF INDEMNITY FUND (IF) APPLICANT MAILING ADDRESS FORM**

Oklahoma Corporation Commission,  
Petroleum Storage Tank Division,  
2401 N. Lincoln Blvd., Oklahoma City, OK 73105  
Office: (405) 521-4683 Fax: (405) 521-4945

**This form may be used to notify the PSTD of an “Existing IF Applicant's” Change of Address**

Case  
ID #: \_\_\_\_\_

**INDEMNITY FUND APPLICANT INFORMATION**

\_\_\_\_\_

*First Name*

*Last Name*

*or Business Name*

**ADDRESS CHANGE INFORMATION**

\_\_\_\_\_

*Current mailing address on file*

\_\_\_\_\_

*New mailing address*

\_\_\_\_\_

*Applicant's Signature*

*Date*

**NOTE:** The person signing this form states that he or she is the Indemnity Fund Applicant whom all official documentation regarding the OCC Release Case will be forwarded. Anyone submitting false or inaccurate information on this form is subject to penalty or fine in an amount allowed by law.

**PRIVACY NOTICE:** The information you provide will be used by the Oklahoma Corporation Commission Petroleum Storage Tank Division to forward all official documentation, information, and notification that concerns your OCC-PSTD Release Case.