



STORAGE TANK SYSTEMS CHANGE OF OWNERSHIP/OPERATOR

FD 1510 (November 2024)



Current Site Information		
Site Name:		Site Number:
New Site Information		
Site Name:		Municipality:
Address:		City/Town:
Province:		Postal Code:
New Owner Information		
Owner Contact Name:		
Company Name:		Municipality:
Address:		City/Town:
Province/State/Territory:		Postal Code:
Country:	Email:	
Phone Number:	Cell Number:	
New Operator Information (if different from existing Operator)		
Owner Name:		Owner Number:
Company Name:		Municipality:
Address:		City/Town:
Province/State/Territory:		Postal Code:
Country:	Email:	
Phone Number:	Cell Number:	
Additional Information:		
Change of Ownership		
<input type="checkbox"/> Site, Tank or Piping status change		<input type="checkbox"/> No Site or Tank changes to report
Change of ownership effective date:		
<input type="checkbox"/> I agree and confirm the information provided above is true and complete to the best of my knowledge.		
Name (Print):		Signature:
		Date:

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Form Approver: Deputy Chief Risk Management	Page 1 of 1
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