Property/Facility Name

Address

**Property Owner Certification:**

|  |
| --- |
| Certification of Property Owner: I have personally examined and am familiar with the information submitted in this ELUR application and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.I certify by my signature that the document being submitted includes the information required by Section 22a-133q-1(d) of the Regulations of Connecticut State Agencies (RCSA) and the Application form has not been altered, except where allowed by the form. |
|  |   /  /    Date |
| Signature of Owner or Duly Designated Agent  |
| Name:      Title:       E-mail Address:       Firm Name:      Address:      City/Town:       State:       Zip Code:      Business Phone:    -   -     Ext.:       Fax:    -   -     |