NAUL PARCEL OWNER STATEMENT

As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_, 20\_\_\_\_, the undersigned, being the owner(s) of parcel located the location described below, being duly sworn, hereby attests:

|  |
| --- |
| **Parcel/Facility Name**: *Enter Parcel/Facility Name*  |
| **Other Name(s)**: *Enter Other Name(s)*  |
| **Street Address**: *Enter Street Address*  |
| **City/Town**: *Enter City/Town*  | **State**: CT | **Zip Code**: *Zip* |
| **County**: *Choose County*  |
| **Remediation Division Site Identification Number (REM ID#)**: *Enter REM ID#*  |

I am the owner(s) of the above referenced parcel or otherwise authorized to execute this statement. If applicable, a copy of the authorization is attached.

I am providing this statement as required by section 22a-133q-3(e)(2)(D) or 22a-133q-3(e)(3)(C)(vi) of the RCSA.

I have reviewed the Notice of Activity and Use Limitation (NAUL) I signed on *Enter Date* and understand the restrictions and affirmative obligations contained in such NAUL.

The following is true and accurate:

There has been no change to the information provided in the most recent owner’s affidavit dated *Enter Date* and submitted to the commissioner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Enter Property Owner/Duly Designated Agent Name*

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