

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
Acknowledgement of Refund Recipient for Site Account  
DEPOSITOR FILLS OUT PER SITE  
-- REQUIRED --

The depositor will use this form to acknowledge that the property owner or his or her designee will receive any refund due at the completion of all deposit/refund projects at the site listed below.

SITE NUMBER/ADDRESS:

REFUND RECIPIENT-PROPERTY OWNER

\_\_\_\_\_  
Site Number  
USA Petroleum / Olympic Oil  
\_\_\_\_\_  
Company Name  
10700 Mac Arhtur Blvd.  
\_\_\_\_\_  
Street Address  
Oakland 94605  
\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
USA Petroleum  
\_\_\_\_\_  
Owner's Name  
1261 E. 9th St.  
\_\_\_\_\_  
Owner's Address  
Pomona, CA 91766  
\_\_\_\_\_  
Owner's City State Zip

I have read the description of the project Deposit/Refund Procedure, and have had an opportunity to ask questions about it. I understand that regardless of who deposits money into the site account, any deposit money remaining at the completion of all projects being conducted at this site will be refunded solely to the property owner or his or her designee.

\_\_\_\_\_  
Signature of Depositor

12-10-92

\_\_\_\_\_  
Date

D. I. Chadbourne

\_\_\_\_\_  
Depositor Name

D. I. Chadbourne, Inc.

\_\_\_\_\_  
Company Name

155 Bovet Rd. #410

\_\_\_\_\_  
Street Address

San Mateo, CA 94402

\_\_\_\_\_  
City / Zip

RETURN FORM TO: Alameda County, Hazardous Materials Div.  
80 Swan Way, Rm 200  
Oakland, CA 94612

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
Declaration of Site Account Refund Recipient

SITE OWNER FILLS OUT PER SITE

-- OPTIONAL --

The property owner will use this form to designate someone other than him- or her- self to receive any refund due at the completion of all deposit/refund projects at the site listed below. In the absence of this form, the property owner will receive any refund. Only one person at any one time may be designated to receive any refund.

SITE NUMBER/ADDRESS:

PROPERTY OWNER

\_\_\_\_\_  
Site Number

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Owner's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Owner's City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

I designate the following person to receive any refund due at the completion of all deposit/refund projects:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City / Zip

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Name

RETURN FORM TO: Alameda County, Hazardous Materials Div.  
80 Swan Way, Rm 200  
Oakland, CA 94621-1439  
Phone: (510) 271-4320

**D. I. CHADBOURNE, INC.**

**Dave Henningsen**  
Operations Manager

204 East 2nd Avenue, Suite 622  
San Mateo, California 94401  
(415) 312-9022 Office  
(415) 312-9024 Fax