

FOR IEPA USE:
LOG #
DATE RECEIVED:

**Illinois Environmental Protection Agency
Division of Water Pollution Control
Permit Section
Springfield, Illinois 62794-9276**

Schedule T - Trust Disclosure

A. Trust Number _____
B. Trustee: Name _____
Address _____

C. Complete the following information for each beneficiary of the trust.

	NAME	ADDRESS	DEFINED INTEREST
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

D. I/We hereby certify that the above is a true and accurate disclosure of the names, addresses and defined interest of each and every beneficiary of the above indicated trust as required under Ill. Rev. Stat., Chap. 1348, Par. 72.

Signature _____

Title _____
(Disclosure must be signed by a beneficiary, trustee, or trust officer)

Date _____

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039, Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.