



FOR DEQ USE ONLY

2005 ANNUAL DRY CLEANING FEE RETURN

Due Date: March 1, 2005

(NAME)
(Company)
(Address)
(City, ST, Zip Cd)

(DCID#)
(Facility Name)
(Address)
(City, ST, Zip Cd)

SSN/Federal Identification Number

A return must be filed for each dry cleaning facility. This dry cleaning facility is (check one):

- An active dry cleaning facility,
A listed, inactive dry cleaning facility or
A dry store, including pick up and delivery services

No longer in business [] If checked, complete the "Change of Dry Cleaner Activity Form"

Section 1: Dry Cleaning Facility Fees

1. Was any dry cleaning solvent used at this facility prior to January 1, 1998?

YES [] NO []

If the answer is yes, enter \$500 in the box provided. If the answer is no, enter \$0.

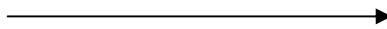
\$ [] []

2. Was perchloroethylene used at this facility at any time between January 1, 2004 and December 31, 2004? YES [] NO []

If the answer is yes, enter \$500 in the box provided. If the answer is no enter \$0.

\$ [] []

3. Subtotal (add lines 1 & 2)



\$ [] []

Section 2: Gross Revenue Fees

4. Gross revenue on dry cleaning services only for period from January 1 to December 31, 2004. \$ _____

5. Calculate one percent (1%) of the amount of gross revenue from line 4 and enter in the box provided.

\$ [] []

6. TOTAL FEES OWED. (add lines 3 & 5)



\$ [] []

This information will be used primarily by the Oregon Department of Environmental Quality for identification and compliance purposes in the administration of the Oregon dry cleaner's fee.

I declare under the penalties for false swearing [ORS 305.990(4)] that I have examined this document and to the best of my knowledge it is true, correct, and complete.

Person Completing Return: (Please Print) _____ Title: _____

Signature of Person Completing Return: _____ Date: _____

Mail completed return with payment to:

Department of Environmental Quality
811 SW 6th Ave
Portland, OR 97204-1390

Attn: Business Office

