

"CLEAN HANDS" AFFIDAVIT
OHIO DEPARTMENT OF DEVELOPMENT
BROWNFIELD REMEDIATION PROGRAM
(Must be completed by Administrative Applicant of Record)

STATE OF OHIO
COUNTY OF _____

I, _____
(Authorized representative of Applicant)

being first duly sworn, depose, and state that I have personal knowledge of, and verify, the following:

1. Neither this Applicant nor a preceding organization or entity of this Applicant, if any, caused or contributed, either in whole or in part, to the release of hazardous substances or petroleum on the property that is the subject of this application. Neither this Applicant nor a preceding organization or entity of this Applicant, if any, had any hands-on involvement with or control over hazardous substances or petroleum that resulted in a release, or conducted any hands-on activities that contributed, in whole or in part, to a release on the property.
2. I understand that I may be found guilty of a misdemeanor or potential felony for knowingly signing and submitting a false affidavit.

Signature

Date

Name/Title

Applicant Name

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

Notary Public