

**COUNTY OF SANTA BARBARA  
PLANNING AND DEVELOPMENT DEPARTMENT  
ENERGY DIVISION**

**123 East Anapamu Street  
Santa Barbara, CA 93101-2058  
Telephone: (805) 568-2000 FAX: (805) 568-2522  
<http://www.countyofsb.org/energy>**

**INFORMATIONAL STATEMENT**

An informational statement must be completed by each owner, operator, or guarantor of an oil or gas facility subject to Chapter 25B of Santa Barbara County Code. This statement must be submitted to the Energy Division no later than 30 days following any change of the information required below. The information must be certified by an official company representative (as listed in Item 1, below). This form is available as an electronic file to facilitate updating.

**Permitted Facility** \_\_\_\_\_  
**Company Name** \_\_\_\_\_  
**Address** \_\_\_\_\_

- Initial informational statement** (complete all sections)  
 **Update of information** (complete sections that have changed since previous Form 25B-IS submitted)

**1. Official Company Representatives.** List official company representatives authorized and designated to execute applications, agreements and permits with the County on behalf of your company:

Name (1)	Title	Phone/FAX
_____		
Address		
_____		

Name (2)	Title	Phone/FAX
_____		
Address		
_____		

**2. Contact Person:** Give the name, address, telephone number, and email address of a person to contact, if necessary, to clarify the information provided in this statement.

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

**3. Owners.** Does your company have an ownership interest in the facility? \_\_\_\_\_  
If yes, check the boxes and provide answers as appropriate.

**a.** What is its ownership interest?

- Full owner  
 Managing partner (or general partner) of partnership that owns facility.  
 Non-managing partner or fractional interest owner  
 Other (Explain) \_\_\_\_\_

**b.** What is your company's percentage ownership interest in the facility, if less than 100%? \_\_\_\_\_

**c.** Describe your company's role in ownership of the facility, including any special circumstances relating to ownership (e.g., ownership interest in part but not all of facilities). How does your company's role relate to the roles of the other companies that are part of the project. Attach additional sheets as needed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Guarantors.** Does your company provide financial assurances for the facility? \_\_\_\_\_  
If yes, check the boxes and provide answers as appropriate.

**a.** Purpose of financial assurances:

- Oil spill or natural resource damages  
 Facility decommissioning, site remediation, restoration  
 Other (Describe) \_\_\_\_\_

**b.** Type of financial assurances:

- Bond       Insurance       Self-insurance       Other or Combination

**c.** Amount of financial assurances: \$ \_\_\_\_\_

**d.** Are you the sole guarantor for the facility? \_\_\_\_\_

**e.** Please provide a brief written description of the financial assurances, applicability, type and extent of coverage, and renewal dates. If other companies provide financial assurances for the facility, please explain how the instruments of financial assurance are interrelated and coordinated with each other. Attach additional sheets as needed.

**5. Operators.** Does your company have day-to-day control or management responsibilities for operation of the facility? \_\_\_\_\_ If yes, describe your company's role in the operations and management of the facilities. Attach additional sheets as needed.

**6. Business Organization.** Describe your company's organization, including relation to parent companies, partnership composition (including ownership percentages), and other information needed to fully and accurately disclose who it is that owns, operates, or is otherwise responsible for the facility. Give the company expiration date, if applicable. Attach additional pages as needed.

**7. Key Contacts.** Please attach a current list of key contact persons for routine business with the County and for emergencies. Include name, contact information, and title/function.

**CERTIFICATION OF ACCURACY AND COMPLETENESS**

*I hereby declare under penalty of perjury that this informational statement and all attached materials is correct, true and complete. I acknowledge that if it is determined that the information and materials submitted are not true and correct I may be subject to enforcement actions under Chapters 25B and 24A of the County Code.*

\_\_\_\_\_  
Signature                                      \_\_\_\_\_  
Print Name                                      \_\_\_\_\_  
Company                                      \_\_\_\_\_  
Date