



# RI UST Financial Responsibility Fund

## Form 2: Request for Reimbursement

Complete this request for reimbursement form for allowed costs associated with remediation of leaking underground storage tank sites. ALL SECTIONS INCLUDED IN THIS FORM MUST BE COMPLETED. Failure to submit within published deadlines or submission of incomplete applications will result in delay of your claim. An owner/operator may not submit a claim for any individual site with a supplemental total less than \$5,000 of related expenses. The following must be submitted with this form to be considered a complete application:

- Invoice Submission Form (excel spreadsheet)
- W-9 form (ONLY for first request/eligibility claim, or if applicant information has changed)

Submit complete application to: Dept. of Environmental Management OR DEM.USTFund@DEM.RI.GOV  
 235 Promenade St- Room 380 Providence, RI 02908 (if valid electronic signatures are used)

This application is a: First Request/Eligibility Supplemental Backup Final RFR #:

### Applicant Information

Applicant Name:

Contact Name:  Title:

Phone #:  Fax #:  E-mail Address:

Contact Mailing Address:

City/Town:  State  Zip Code:

Check Payable to:

Reimbursement Address:   Same as Above

City/Town:  State  Zip Code:

Applicant is: (check all that apply)  UST Owner  UST Operator  Property Owner  Other

### Preparer Information

This claim was prepared by the applicant listed above

Preparer/Company Name:

Contact Name:  Title:

Phone #:  Fax #:  E-mail Address:

Contact Mailing Address:

City/Town:  State  Zip Code:

Who should be contacted about specific invoice charges and to obtain backup information if required?

Applicant is: (check all that apply)  UST Owner  UST Operator  Property Owner  Other

## Site Information

Site Name:

Site Address:

City/Town:  State:  Zip Code:

UST Facility ID#:  LUST Case #:

## Reimbursement Information

Please provide a brief summary of the costs included in this submittal:

Reminder: An owner/operator may not submit a claim for any individual site with a supplemental total less than \$5,000.00 of related costs with the exception that a site may submit one claim per calendar year if the costs incurred are less than \$5,000.00. Additionally, the final claim submitted for reimbursement may be of any total amount. The submission must clearly be marked as the Final Request for Reimbursement.

Preparer MUST attach a signed copy of the Invoice Submission Form. The file may also be submitted electronically in the form of a Adobe Acrobat fillable spreadsheet available on the RI DEM website. Electronic submission of the Invoice Submission Form is strongly encouraged to avoid data transcription errors. The copy attached hereto must contain the Applicant's signature verifying that the invoices represented have been paid in full to the appropriate vendor.

Has the applicant received reimbursement and/or compensation from any source other than the Fund Authorities as a result of any release at the site described?  Yes  No

If YES, identify the amount and source. Fully disclose all details by way of attachments

Amount:  Source(s):

Did the applicant acquire the property after environmental impairment of the soil or groundwater was discovered?  Yes  No

Has the applicant submitted a reimbursement claim for this release in the past 12 months?  Yes  No

Is this request the final request for reimbursement of costs for this release at the site?  Yes  No

The attached Invoice Submission Form contains  invoices totaling \$

# Subrogation Agreement and Certification

In consideration of any and all amounts reimbursed to the undersigned from the UST Financial Responsibility Fund, for expenses

as allowed by  on premises located at

in the City/Town of , State of Rhode Island:

I, the undersigned, or duly authorized agent of the applicant, do hereby assign, set over, transfer and subrogate to the Department all the rights, claims, interest, choices or things in action to the extent of the amount set forth above, which the applicant and/or the undersigned or I may have against any party, person, or corporation who may be liable for the losses and expenses which occasioned the reimbursement by the Department, and hereby authorize the Department to sue, compromise, or settle in the name of the undersigned or otherwise, and the Department is hereby substituted in the place of the undersigned and subrogated to all the rights of the undersigned in the premises to the amount so paid.

To the extent allowed by law, the Applicant hereby also assigns any and all of its rights in and to any insurance policy which the applicant may have in these matters under the same terms and purposes as listed above to the Department. Applicant agrees to supply to the Department a list of known parties against whom the applicant has a potential claim. Further, applicant shall supply the name of any and all known insurance carriers to the Department. Applicant further agrees to repay to the Department any funds which it may receive from the proceeds of any claim, action or insurance policy which it received subsequent to reimbursement by the Department.

It is hereby warranted that no settlement has been made or signed with those persons, parties or corporations by the applicant or signer hereof and that no insurance policy proceeds have been received, except as fully disclosed herein. It is hereby further agreed that the undersigned shall provide all information, documents, or such other data necessary in order for the Department to sue, compromise or settle any such claims as well as to cooperate fully with the Department and to make available any and all witnesses for providing testimony and all else necessary to assist the Department in its actions against said persons, parties or corporations. It is also agreed that any action taken by the Department shall be without charge or cost to the undersigned and the undersigned shall have no interest in and to any of the proceeds recovered by the Department as a result of any actions which the Department may endeavor.

I, the undersigned, certify, under penalty of law, that applicant is the appropriate person to request the foregoing reimbursement, and that this document and all attachments were prepared under applicant's direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on applicant's inquiry of the person(s) who manage(d) the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of the applicant's knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment. I further certify that I am authorized to execute this form.

I, the undersigned, understand that by filing this application for consideration by the Department, applicant agrees to return to the Department upon their demand, jointly or otherwise, the entire award applicant may receive from this application, the entire amount reimbursed by the Department previous to this application, and/or any other amount the Department considers appropriate if:

- (1) applicant misrepresented or omitted any fact, oral or written, relevant to any reimbursement made by the Department; or
- (2) applicant fails to complete, to the DEM UST Management Program's satisfaction, ongoing corrective action which may be under way;  
or
- (3) applicant received an amount wrongfully, erroneously, or such reimbursement was unlawful.

I, the undersigned, or duly authorized agent of the applicant, do hereby upon oath and affidavit, state that the applicant, and / or the undersigned, have not received any funds from any source, including, but not limited to, insurance proceeds towards the reimbursement and or payment of any expenses as they relate to any release on said site or this application filed with the Fund Authorities, except as disclosed in this application.

I, the undersigned, certify that this submission is in compliance with R.I. Gen. Laws §46-12.9. I hereby consent to all audits of payment and necessary inspections made to verify the accuracy of any submission to the Fund Authorities and made pursuant to law and incidental to the issuance of licenses, registrations, permits, certificates and the operation of a UST system.

Applicant Representative (Please Print):

Applicant Signature:

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Name (Please Print):

Notary Signature:

Notary Seal