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## State Water Resources Control Board

### POWER OF ATTORNEY FORM

The Underground Storage Tank (UST) Cleanup Fund encourages claimants to sign all UST Cleanup Fund documents personally. Claimants may, however, want a designated representative, referred to as an attorney-in-fact, to sign UST Cleanup Fund documents on the claimant's behalf. The UST Cleanup Fund only will accept documents signed by the claimant's attorney-in-fact if the claimant has submitted a Power of Attorney (POA), designating a specific attorney-in-fact to sign and submit documents to the UST Cleanup Fund on the claimant's behalf.

**Claimants and their attorneys-in-fact are personally responsible for and will be bound by any assertions made to the UST Cleanup Fund by the claimant's attorney-in-fact pursuant to a POA. If the claimant's attorney-in-fact makes a false statement or misrepresentation to the UST Cleanup Fund, the claim may be disqualified from the UST Cleanup Fund.**

**Claimants and/or their attorneys-in-fact are responsible for notifying the UST Cleanup Fund immediately when the claimant has revoked the POA, the POA is invalidated by the claimant's death or incapacity, or the POA is revoked, terminated, or invalidated for any other reason. The attorney-in-fact cannot continue to sign and submit documents to the UST Cleanup Fund after the POA is revoked, terminated, or invalidated for any reason.**

A UST Cleanup Fund-specific POA form is available at: [http://www.waterboards.ca.gov/water\\_issues/programs/ustcf/docs/power\\_of\\_attorney/powerofattorneyfrm.pdf](http://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/power_of_attorney/powerofattorneyfrm.pdf) or by request. Claimants also may choose to use a commercially available POA form or have their own legal counsel prepare a POA for them. The UST Cleanup Fund advises claimants to not designate a consultant or contractor performing work on a project site as the claimant's attorney-in-fact due to the potential for a conflict of interest between the claimant and the consultant or contractor.

State Water Resources Control Board  
Underground Storage Tank Cleanup Fund  
**POWER OF ATTORNEY FOR A CLAIM TO  
THE UNDERGROUND STORAGE TANK CLEANUP FUND**

I,

\_\_\_\_\_  
[Claimant/s name and address. If claimant is a corporation, include the name, address, and title of the acting officer.]

appoint \_\_\_\_\_

[Name and address of the person appointed, or of each person appointed if you wish to appoint more than one.]

as my agent (attorney-in-fact) to act for me in any lawful way by signing, submitting, or receiving all documents necessary to file my claim number \_\_\_\_\_ to the Underground Storage Tank Cleanup Fund for reimbursement of costs related to the petroleum release at

\_\_\_\_\_  
[Site address]

This power of attorney is effective immediately and will continue until it is revoked, unless I direct otherwise on the line below.

\_\_\_\_\_  
If I have designated more than one agent, the agents are to act \_\_\_\_\_.  
(If you appointed more than one agent and you want each agent to be able to act alone without the other agent joining, write the word "separately" in the blank space above. If you do not insert any word in the blank space, or if you insert the word "jointly", then all of your agents must act or sign together.)

This power of attorney is governed by the Power of Attorney Law, California Probate Code section 4000 et seq.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

CLAIMANT/S  
MUST SIGN

\_\_\_\_\_  
[Claimant/s signature] (Notarized)

\_\_\_\_\_  
[Claimant/s social security number/ tax identification number]

\_\_\_\_\_  
[Claimant/s signature] (Notarized)

\_\_\_\_\_  
[Claimant/s social security number/ tax identification number]

State of \_\_\_\_\_ County of \_\_\_\_\_

*By accepting or acting under the appointment, the agent assumes the fiduciary and other legal responsibilities of an agent.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

ATTORNEY-IN-FACT  
MUST SIGN

\_\_\_\_\_  
[Attorney-in-fact signature and telephone number]

*The claimant/s must attach a certificate of acknowledgement of notary public in compliance with Section 1189 of the Civil Code or other applicable law.*