STATE WATER RESOURCES CONTROL BOARD

REIMBURSEMENT REQUEST (RR) - UNDERGROUND STORAGE TANK CLEANUP FUND

A

CLAIM NO: *1111*   **REGION:** *6*   **PRIORITY:** B

CLAIMANT: *RUSS T. TANK*
CO-PAYEE:
JOINT CLAIMANT:

Roll Over Comment Boxes to Review Instructions

CONTAMINATED SITE: *RUSS T. TANK*
ADDRESS: *2500 SACRAMENTO AVE.*
SACRAMENTO, CA 94952

B

C/O:
ATTN:
MAILING ADDRESS: *2500 SACRAMENTO AVE.*
SACRAMENTO, CA 94952-3282

☐ ***For Mailing Address Changes Check Box and Complete an "Address Change Form"***

FOLLOWING SECTION TO BE COMPLETED BY CLAIMANT

CLAIMANT EMAIL: _____   **JT CLAIMANT EMAIL:** _____

RR CONTACT INFORMATION (Fund Staff is authorized to contact the following about the information contained in this RR package only):

NAME: _____   COMPANY: _____

PHONE: _____   FAX NO.: _____

EMAIL: _____

AMOUNT REQUESTED FOR THIS RR: $_____   **RR NO.**_____

CERTIFICATION: I have read and signed the Conditions of Payment Certification Form dated January 2007. I understand that this RR **CANNOT BE PROCESSED** unless a complete and accurate Conditions of Payment Certification Form is currently on file with the Fund.

The costs claimed in this RR have been incurred and have been paid or will be paid within thirty (30) days of receipt of the funds requested hereby. If such costs have not been paid within 30 days, funds received under this request will be returned to the State Water Resources Control Board.

CLAIMANT SIGNATURE: _____   **DATE:** _____

JOINT CLAIMANT SIGNATURE: _____   **DATE:** _____

FOLLOWING SECTION IS FOR STATE USE ONLY

OFFICIAL RR NO.: ____   **FY:** _____

☐ **FINAL (BUDGET)** ☐ **FINAL (CLAIM)**	
☐ **NEGATIVE** ☐ **CARRYING COST**	
☐ **APPEAL**	
☐ **FIRST RR FOR CLAIM W/LOC**	
☐ **CLMNT NAME/TAX ID CHANGE W/LOC**	
☐ **MAILING ADDRESS CHANGE**	

PAYMENT CALCULATION

TOTAL REIMBURSEMENT ELIGIBLE (TOTAL PAID TO DATE + NEW RR)	**$**
ADJUSTMENT ☐ **THIRD PARTY JUDGEMENT** ☐ **SETTLEMENT** ☐ **OTHER** _____	**$**
LESS: DEDUCTIBLE	**$ (** 5000**)**
TOTAL REIMBURSEMENT ALLOWED (NOT TO EXCEED $1.5 MILLION - LESS DEDUCTIBLE)	**$**
LESS: PREVIOUS REIMBURSEMENT TOTAL (PREVIOUS PAYMENTS)	$
AMOUNT DUE	**$**

CALSTARS CODING: 0550-570.01-30530

SIGNATURES FOR APPROVAL OF PAYMENT

_____   _____**Analyst**_____   _____
Reviewed By: **Title:**   **Date:**

_____   _____**Manager**_____   _____
Approved By: **Title**:   **Date**:

USTCF_RRFORM REVISED 09/2010

REIMBURSEMENT REQUEST (RR) FORM INSTRUCTIONS

Use the instructions below to complete the RR Form. Complete all required sections of the Form to prevent delays in processing your RR package. This Form can be obtained by contacting the Fund directly at: USTCF_Payments@waterboards.ca.gov.

- **Section A –** Do not write in this section. (PLEASE NOTE: Any changes made to Section A on the RR Form will result in the RR package being returned.)

- **Section B –** Do not write in this section. Mark the checkbox if you have any changes to the information in this section. If you check this box, complete and submit an Address Change Form to correct this information. The accompanying RR and any future RR Forms will be updated with the new information. (PLEASE NOTE: Any changes made to Section B on the RR Form will result in the RR package being returned.)

- **Claimant/Joint Claimant Email –** Provide the email address for the claimant and joint claimant (if applicable) to assist with correspondence.

- **RR Contact Information –** Complete this section only if you would like the Fund to contact a different person/entity regarding the information contained in the accompanying RR package or to request information that may be needed in order to process the accompanying RR package.

- **Amount Requested for this RR –** Enter the amount that is being requested for the accompanying RR package only.

- **Signature(s) –** The person signing should be the claimant and joint claimant (if applicable) or have the authority to act on the claimant's behalf (as authorized by the Power-of-Attorney Form).

- **Reimbursement No. –** Enter the RR No. for this RR package. This should be the number following the last RR package you submitted to the Fund.

- **Certification –** Read the certification in its entirety and sign on the line to certify that the information contained in this RR package is complete and accurate. Sign using blue ink. Only an original signature will be accepted.

- **State Use Only –** Do not write in this section as it is designated for State Use Only. (PLEASE NOTE: If you write in this section, the Fund will return the RR package.)

Address Change and Condition of Payment Certification Forms can be obtained at http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml.