



**PETROLEUM REMEDIATION SECTION
 PETROLEUM RELEASE REMEDIAL ACTION CASH FUND
 TITLE 200 APPLICATION FOR REIMBURSEMENT**

RELEASE FACILITY INFORMATION		NDEE ID:		NDEE PROGRAM ID:	PRR
1	Facility Name:				
2	Address:				
3	City:		State:		County:
4	SFM ID:		Type of Tanks:	Underground	Aboveground
5	Application Type:	Initial	Supplemental	Interest	
RESPONSIBLE PERSON (RP) INFORMATION					
6	RP Name:				
7	Contact Name:				
8	Address:				
9	City:		State:		Zip Code:
10	Phone Number:				
11	Email Address:				
12	Federal ID:				
APPLICANT INFORMATION (Complete if payment will be made to a Designated Representative, leave blank if the RP will receive the payment.)					
13	Company Name:				
14	Contact Name:				
15	Address:				
16	City:		State:		Zip Code:
17	Phone Number:				
18	Email Address:				
19	Federal ID:				
INSURANCE INFORMATION:					
Have you requested or received a payment or settlement from an insurance company or anyone else for costs associated with remedial actions at this site? If yes, list the amount and attach information about the payments.					
20	No:	<input checked="" type="checkbox"/>	Yes:		Amount: \$

**Mail completed forms and documents to:
 NDEE, Title 200 Program, PO Box 98922, Lincoln, NE 68509-8922**

21 Invoice Summary

For the invoices listed below, select the phase(s) of work completed and list date of the report(s). For site monitoring, please note if it is a quarterly, semi-annual or annual report.

Check	Remedial Phase/Report Name	Report Date
	Closure Assessment Report	
	Site Investigation Report / Tier 1	
	Site Investigation Report / Tier 2	
	Remedial Action Plan	
	Remedial System Installation	
	Monitoring Report	
	Monitoring Report	
	Monitoring Report	
	Monitoring Report	
	Site Closure/Well Decommissioning	
	Other Approved Phase:	

List the consultant invoices to be reimbursed. Copies of the invoices with appropriate backup must be submitted with the application form. Please submit ALL costs for the report(s) noted above in the same application for reimbursement.

Vendor Name & Invoice Number	Invoice Date	Invoice Amount
Invoice Total		\$ 0.00

22 Responsible Person Verification

I acknowledge that if partial reimbursement is received and the remedial action as required by the Department is not completed, I will return all prior partial reimbursements pursuant to Title 200, Chapter 1, Section 003.07.

Signature of Responsible Person (below):

Sworn to and subscribed before me this _____ day of _____, 20__.

Signature of Notary Public

23 Applicant Verification

(This section is signed by the person receiving payment, either the designated representative or the responsible person when there is no designated representative.)

I verify that the foregoing information on this application and accompanying schedules and statements is true and accurate to the best of my knowledge and belief. I also acknowledge that the Department, as set forth in Title 200, Chapter 1, Section 003.10 may audit the accounting records related to the costs submitted. I further understand that discovery of fraud or other misuse of payments received from the Fund may result in referral to the Attorney General for appropriate action and/or recovery of amounts previously reimbursed, or reduction of additional reimbursements from the fund, pursuant to Title 200, Chapter 1.

Signature of Applicant (below):

Sworn to and subscribed before me this _____ day of _____, 20__.

Signature of Notary Public

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Designation of Representative & Assignment

(This section is completed when payment is made to someone other than the responsible person.)

I am the responsible person for the remedial action that is the subject of this application for reimbursement.

I hereby designate _____ as the designated representative for this application, and assign to the designated representative any right, title, or interest, which I may have in and to this reimbursement for remedial action.

Signature of Responsible Person (below):

Sworn to and subscribed before me this _____ day of _____, 20__.

Signature of Notary Public

I hereby acknowledge that I am the designated representative for this application.

Signature of Designated Representative (below):

Date



**PETROLEUM REMEDIATION SECTION
 PETROLEUM RELEASE REMEDIAL ACTION CASH FUND
 AFFIDAVIT OF COSTS PAID FORM**

RELEASE LOCATION INFORMATION		NDEE ID :		NDEE PROGRAM ID :	PRR
1	Facility Name:				
2	Address:				
3	City:	State:	NE	County:	
CONSULTANT OR CONTRACTOR INFORMATION:					
4	Company Name:				
5	Contact Name:				
6	Address:				
7	City:	State:		Zip Code:	
8	Phone Number:				
9	Email Address:				
10					
	Consultant Invoice Number	Invoice Date	Invoice Amount	Amount Paid	
		Total Amounts			
11	<p>I have received payment of the above amounts for the work performed at this site and for which application for reimbursement has been made. This statement is true and I made it voluntarily.</p> <p>Consultant Signature (below):</p> 				
<p>Sworn to and subscribed before me this _____ day of _____, 20____.</p> <p align="center">_____</p> <p align="center">Signature of Notary Public</p>					