

Alabama Dry Cleaning Environmental Response Trust Advisory Board
Payment Request Form

(Press [TAB] to move between fields)

1. PAYMENT REQUEST INFORMATION		2. FACILITY INFORMATION	
Payment Request Number		Facility Name:	
Date of Payment Request (mm/dd/yy):		Facility Address:	
ADEM I.D. Number:		City, State, Zip	

3. OWNER INFORMATION

Owner/Operator Legal Name: _____
(Name of Legal Entity Owning or Operating a Dry Cleaning or Wholesale Distributor)

Type of Legal Entity: _____
(Corporation, LLC, LLP, Firm, Partnership, Other (Please specify))

Officers Name (if Corporation)	Title	Address

Owner/Operator Address: _____

4. Owner/Operator Contact Information:

Name, Position of Contact Person: _____

Contact Person Complete Address: _____

Owner Tax number (IRS): _____

Owner Dept of Revenue Acct Number: _____

Contact Person Telephone Number: _____

Contact Person Email Address: _____

5. Property Owner Information:

Property Owner Name: _____
(Name of Legal Entity Owning the Property at the Site of the Dry Cleaning or Wholesale Distributor Facility)

Property Owner Complete Address: _____

Property Owner Telephone Number: _____

Property Owner E-Mail Address: _____

6. Approved Dry Cleaner Environmental Consultant (ADEC) Information:

ADEC Name: _____

ADEC Complete Address: _____

Project Contact/Position: _____

Project Contact Telephone Number: _____

Project Contact E-mail address: _____

7. Activity Information:*Indicate below the activities for which the Payment Request is submitted:*

Site Stabilization	[]	Property Remediation	[]
Initial Investigation	[]	GW Monitoring	[]
Property Assessment	[]	ARBCA	[]

Briefly Describe Work Tasks:

8. Subcontractor Information:*Indicate subcontractors to be used during the work phase:*

Name	Service Provided

9. Prior Activity Information:*Indicate services conducted at site prior to this work phase:*

10. Estimate of Project Costs:

TOTAL BUDGET FOR PROJECT	
TOTAL PAYMENT REQUESTED TO DATE FOR THIS CALENDAR YEAR: <i>(Approved payment requests plus amount proposed in this request)</i>	
ESTIMATED PERCENT COMPLETION OF PROJECT:	

11. Payment Request Amount:

Payment Request	Authorized Amount	Requested Amount
Cost Proposal, Sum of Items 1 - 9 on Summary of Charges Form:	-	
1. Personnel	-	
2. Field Equipment	-	
3. Drilling	-	
4. Analytical	-	
5. Mileage	-	
6. Per Diem	-	
7. Office Expense	-	
8. Capital Expense	-	
9. Waste Treatment/Disposal	-	

*Required Contribution (\$10,000): Whole Distribution (\$50,000)*Amt to apply to this Cost Proposal *(Please enter as a negative number, if applicable)*

TOTAL COST PROPOSAL:	-
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12. Certification of Actual Release of Dry Cleaning Agent:*I certify that a release has occurred at this site and that all proposed costs are intended to address dry cleaning agent contamination:*

Owner or Operator Signature:
(Sole Proprietor, Partner, Corporate Officer, or Other Responsible Party)
Typed or Printed Name & Title
Date of Signature:

13. Certification of Information:

I certify that to the best of my knowledge and belief that the cost presented herein represent actual costs incurred to address contamination caused by dry cleaning agents at this site during the period of time indicated on this application; and that no charges are presented as part of this application that did not result from the performance of response action, which were necessary due to the release of dry cleaning agents at this site.

I certify that under penalty of law, including but not limited to penalties for perjury, that the information contained in this cost proposal and on any attachments, is true, accurate and complete to the best of my knowledge, information, and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for intentional violation.

Owner or Operator Signature:
(Sole Proprietor, Partner, Corporate Officer, or Other Responsible Party)
Typed or Printed Name & Title
Date of Signature:

ADEC's Signature:
(Sole Proprietor, Partner, Corporate Officer, or Other Responsible Party)
Typed or Printed Name & Title
Date of Signature:

14. Certification of Payment of Fees:

I certify that all fees required by the Alabama Dry Cleaning Environmental Response Trust Fund Act have been paid to the Dept of Revenue.

Owner or Operator Signature:
(Sole Proprietor, Partner, Corporate Officer, or Other Responsible Party)
Typed or Printed Name & Title
Date of Signature: