

ENVIRONMENTAL PROTECTION DIVISION

STATE OF GEORGIA UNDERGROUND STORAGE TANK (GUST) TRUST FUND TWO-PARTY PAYMENT REQUEST

County of	_, State of
T	doctors vindom is another of in anivory
I,	declare under penalty of perjury Responsible Official Full Name)
that I am the Responsible Of	ficial for Owner/Operator of the Underground Storage Tanks (USTs
	(Facility Name and Address)
with the Facility ID #	
•	s outlined in the approved Corrective Action Plan and further describe element for the release of petroleum products from USTs at the above we Action").
I have a contractual agreemen	with(Consultant/Contractor Company Name)
	(Consultant/Contractor Company Name) to conduct the Corrective Action. I would like to be approved by th
Storage Tank Trust Fund by w the Consultant/Contractor agr The undersigned agree and	etion Division to receive reimbursement from the Georgia Undergroun ay of two-party payment via ACH. By way of executing this document ees to accept payment by two-party payment. acknowledge that requests for reimbursement from the Georgianst Fund are addressed in the order that they are received and based upo
	For Responsible Official:
	By:
	Printed
	Name:
	For Consultant/Contractor:
	By:
	Printed
	Name:
	Title