

# APPLICATION FOR REIMBURSEMENT

## GEORGIA UNDERGROUND STORAGE TANK TRUST FUND UNDERGROUND STORAGE TANK MANAGEMENT PROGRAM GEORGIA ENVIRONMENTAL PROTECTION DIVISION

This application must have copies of itemized invoices with proof of payment. Mail completed request to the Underground Storage Tank Management Program, Georgia Environmental Protection Division, 4244 International Parkway, Suite 104, Atlanta, Georgia 30354.

<b>APPLICATION # ____ of ____</b>	<b>Name(s) and Address(es) of Payee</b>	
<b>Name and Location of Facility</b>		
Name:	Name:	
Address:	Address:	
City, State, Zip Code:	City, State, Zip Code:	
County:	**Please provide an Email address, if applicable. This information will be used for notification when the application has been processed.	
Facility ID:	Federal Tax ID Number or Social Security #	
<b>TOTAL COST FROM APPROVED CORRECTIVE ACTION PLAN</b>		\$
<b>AMOUNT OF INVOICES SUBMITTED THIS APPLICATION</b>		\$
<b>AMOUNT OF REIMBURSEMENT REQUESTED THIS APPLICATION</b>		\$
I certify that I have examined this report and that it is a true and complete report of tasks completed and paid for under the approved corrective action plan for the above facility.		
Signature of O/O or authorized representative		Date
Print Name		Phone Number

### SPACE BELOW FOR STATE USE ONLY

Approval – USTMP Unit Coordinator	Date	Amount Approved
		\$

Approval – USTMP Unit Coordinator	Date	Amount Approved
		\$