State of California - Division of Boating and Waterways, One Capitol Mall, Suite 500, Sacramento, CA 95814 Attn: Vessel Abatement Unit (916) 327-1825



Date:

DBW-AWAF-4 (6/13)

## AWAF REIMBURSEMENT CLAIM FORM 4 (6/13) NOTE: Claim form and invoices must be submitted in TRIPLICATE AGENCY NAME (Grantee): (Reimbursement check will be payable to the agency listed below) CONTRACT NUMBER: MAILING ADDRESS **CITY** ZIP **STATE** CA CONTACT NAME PHONE **EMAIL** WATER HAZARD DESCRIPTION NAME OF VESSEL **GPS** DATE(S) OF CF# or HIN LENGTH STATEMENT OF SERVICE(S) COST **COORDINATES** OR DESCRIPTION OF WATER HAZARD SERVICE I certify under penalty of perjury that I have completed the adjudication process as defined in Harbors and Navigation Code sections Sub Total 502, 503, 504, 523, and have attached documentation of the completion of that process regarding all vessels listed on this claim form. Less 10% Match\* Itemized 10 percent contribution statement must accompany this form. **Total Reimbursement Request** By signing below, you agree that the above information is accurate and complete Approval Signature Name of Approver (print or type): Telephone:

Title (print or type):