

Montana Petroleum Tank Release Compensation Board
Designation of Representative
Form 5

Complete this form if you want to designate reimbursement from the Petroleum Tank Release Cleanup Fund to be received by another party other than yourself (i.e., contractor, insurance company, parent company, etc.). If there are multiple invoices listed below, all the invoices must be submitted on one Claim for Reimbursement. If you need assistance, call 406-444-9714.

This form is valid for the duration of the cleanup of this release *unless* you list a specific invoice(s) below.

Invoice #'s	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Invoice Amounts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<u>Total Amount</u>

(Please attach a separate sheet for additional invoices.)

If any portions of Sections 1 through 5 of this form are not completed, the form will be returned without processing.

(Type or Print)

- 1. Owner or operator** is the party responsible for approved corrective action and/or third party damages as a result of a petroleum release. This may be the past or present owner or operator of the site.

<i>Owner or Operator or Company Name:</i>	<input type="text"/>
<i>Mailing Address:</i>	<input type="text"/>
<i>City, State, Zip:</i>	<input type="text"/>
<i>Contact:</i>	<input type="text"/>
<i>Phone Number:</i>	<input type="text"/>
<i>E-mail Address:</i>	<input type="text"/>

- 2. Designated representative** or company is the party to which the warrant will be issued.

<i>Designated Representative or Company Name:</i>	<input type="text"/>
<i>Mailing Address:</i>	<input type="text"/>
<i>City, State, Zip:</i>	<input type="text"/>
<i>Contact:</i>	<input type="text"/>
<i>Phone Number:</i>	<input type="text"/>
<i>E-mail Address:</i>	<input type="text"/>

If you or your company hasn't received payment from the State of Montana before – you may want to submit a W-9 ([Substitute W-9](#)) with this form so that reimbursement isn't delayed.

3. Facility Information

<i>Facility Name at Location:</i>	<input type="text"/>	<i>Facility ID Number:</i>	<input type="text"/>
<i>Street Address:</i>	<input type="text"/>	<i>Release Number:</i>	<input type="text"/>
<i>City:</i>	<input type="text"/>		

<i>Claim #(s) submitted (if any) awaiting this Designation:</i>	<i>#(s):</i>	<input type="text"/>
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4. **I assign the right to the party listed in Section 2 to receive reimbursement.** The reimbursement warrant will be issued directly to the party listed in section 2. I remain legally responsible for all costs and liabilities incurred as a result of the release.

Owner or Operator Signature

Owner or Operator Name (Typed or Printed)

Date

Title

State Of _____

County of _____

Signed and Acknowledged before me on _____ by _____
(Date)

(SEAL)

Notary Public

Printed or typed

Notary Public for the State of _____
Residing at (City) _____
My Commission Expires _____

5. **As designated by the party listed above, I agree to accept the right to receive reimbursement from the Montana Petroleum Tank Release Cleanup Fund for corrective action costs or third party damages resulting from a petroleum release at the facility listed in Section 3.**

Designated Representative Signature

Designated Representative Name (Typed or Printed)

Date

Title

State of _____

County of _____

Signed and Acknowledged before me on _____ by _____
(Date)

(SEAL)

Notary Public

Printed or typed

Notary Public for the State of _____
Residing at (City) _____
My Commission Expires _____

This designation remains valid unless revoked in writing by either party.

Submit completed form to:
PETROLEUM TANK RELEASE COMPENSATION BOARD
PO BOX 200902, HELENA, MT 59620-0902