

**PAYMENT VERIFICATION AFFIDAVIT**



**KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
 UNDERGROUND STORAGE TANK BRANCH  
 200 FAIR OAKS, SECOND FLOOR  
 FRANKFORT, KENTUCKY 40601  
 (502) 564-5981  
<http://waste.ky.gov/ust>**

**FOR STATE USE ONLY**

TYPE OF APPLICANT:  Individual  Corporation  Partnership  Estate/Trust  Other Legal Entity: \_\_\_\_\_

I, \_\_\_\_\_, BEING FIRST DULY SWORN, STATE, UNDER PENALTY OF LAW, AS FOLLOWS:  
 (Name of Applicant Giving Affidavit)

1. This affidavit is given with reference to that certain Claim Request for Actions not Directed by the USTB Claim/USTB Written Directive Claim/Third-Party Claim Form (the "Claim Form") signed by me on \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date Claim Form was signed) and thereafter to be submitted to the Underground Storage Tank Branch (USTB). The Claim Form request reimbursement for costs incurred for corrective action at the facility listed below.

FACILITY NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ AGENCY INTEREST #: \_\_\_\_\_

2. List vendors and subcontractors who have performed work, or supplied materials, related to corrective action at the facility, and whose invoices for such work or materials make up all or any portion of the costs that are the subject of the Claim Form, have been paid in full for all such work and materials as of the date of submittal of the Claim Form to the USTB, except for those invoices specifically listed in Item 3 below.

3. The following invoices make up all or a portion of the costs that are the subject of the Claim Form, and have not been paid in full as of the date of submittal of the Claim Form to USTB:

# OF INVOICES	NAME OF VENDOR/SUBCONTRACTOR	INVOICE #	INVOICE AMOUNT
(1)		#	\$
(2)		#	\$
(3)		#	\$
(4)		#	\$
(5)		#	\$
(6)		#	\$
(7)		#	\$
(8)		#	\$
(9)		#	\$

**PAYMENT VERIFICATION AFFIDAVIT CERTIFICATION**

4. Further the Affiant sayeth not.

PRINTED NAME OF APPLICANT GIVING AFFIDAVIT: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE OF APPLICANT GIVING AFFIDAVIT: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscribed and sworn to before me by: \_\_\_\_\_

This the: \_\_\_\_ day of: \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_

Commission State at Large: \_\_\_\_\_ OR County: \_\_\_\_\_

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_



If you have questions on how to fill out this form or to request a review of your facility records, please contact the USTB at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

**\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\***