

**FORMAT FOR COVER LETTER TO ACCOMPANY REIMBURSEMENT ELIGIBILITY DOCUMENTS**

[DATE]

Fund Management Section  
Oil Remediation & Compliance Bureau  
NHDES Waste Management Division  
P.O. Box 95, 29 Hazen Drive  
Concord, NH 03302-0095

Re: [TOWN], [ADDRESS], [SITE/PROJECT NAME] [PROJECT TYPE] Request for Reimbursement Eligibility, Site No. [#####] Project No. [#####]

Attached, please find the following documents in support of reimbursement eligibility for this project:

- **Request for Reimbursement Authorization Form, September 1, 2011 version** [1<sup>ST</sup> CORRECTIVE ACTION REQUEST FROM THE OWNER OF A FUND-ELIGIBLE FACILITY OR PROPERTY, AND 1<sup>ST</sup> REQUEST FROM A TRANSFEREE OWNER. **NOTE: Send in the original form by mail to Gretchen Wilder, Waste Management Division, NHDES, P.O. Box 95, Concord, NH 03302-0095 after making an electronic submittal. [Gretchen.Wilder@des.nh.gov](mailto:Gretchen.Wilder@des.nh.gov) (603) 271-5761.**
- **Private Insurance Coverage Information, Or Notarized Letter Stating There Is No Insurance** [1<sup>ST</sup> CORRECTIVE ACTION REQUEST FOR FUEL, LAST, LUST, MOST AND OPUF PROJECTS]
- **Facility Compliance Information** [NEEDED TO ESTABLISH ELIGIBILITY. FOR REGULATED FACILITIES, CONTACT THE OIL COMPLIANCE SECTION AT (603) 271-3644 TO DETERMINE COMPLIANCE STATUS]. **NOTE: Photographs or diagrams are not acceptable to demonstrate compliance for OPUF projects. A letter certifying compliance is needed.**
- **Late AST Registration Waiver Request** [MAY BE NEEDED, CONTACT PROGRAM STAFF].
- **Facility or Property Ownership Transfer Information** [1<sup>ST</sup> REQUEST FROM NEW OWNER OF FUND-ELIGIBLE FACILITY OR PROPERTY, REQUESTS FROM FORMER OWNERS WITH AGREEMENTS TO CONTINUE CORRECTIVE ACTION AFTER SALE].
- **Parent Company** [MAY BE NEEDED IF THE OWNER/RESPONSIBLE PARTY IS A SUBSIDIARY]
- **Vendor Number Information** [MAY BE NEEDED IF OWNER /RESPONSIBLE PARTY WILL SEEK PAYMENT VS. AN "APPLICANT"]

The Responsible Party for this project, identified below, [matches/does not match] the Responsible Party in NHDES records: **NOTE: If the RP does not match NHDES records, because an ownership transfer occurred or is occurring, please indicate that we need to change our records.**

[FACILITY OWNER OR PROPERTY OWNER – AS APPLICABLE]  
[ADDRESS]  
[TOWN/CITY, STATE ZIP]

Please call [NAME/the undersigned] at [PHONE NUMBER] if you have questions.

Sincerely,

[NAME, TITLE]  
[COMPANY NAME]