

Request for Appeal Reimbursement of Ineligible Costs

CLAIMANT

USTCF Claim No.:

Date:

Name:

Signature:

Site Address:

SUBMITTING PARTY

Name:

Relationship to claimant:

Phone:

COSTS REQUESTED

RR#	Invoice No.	Invoice Date	Invoice Amount	Ineligible Amount	Amount for Appeal
				Total for Appeal	

ATTACH THE FOLLOWING:

1. A statement describing how the claimant is damaged by the Fund Staff Decision;
2. A description of the remedy or outcome desired;
3. An explanation of why the claimant believes the decision is erroneous, inappropriate, or improper;
4. Documentation and/or reports supporting the explanation;
5. A completed RR containing the costs that are the subject of the request for review or appeal; and
6. The name and address of all interested parties.

SEND FMD REQUEST TO

Mr. Ronald M. Duff, P.E., Fund Manager
 USTCF Claim No. XXXXX
 Underground Storage Tank Cleanup Fund
 State Water Resources Control Board
 P.O. Box 944212
 Sacramento, CA 94244-2120

State Use Only

Comments:

Reimbursement In-house

Date Received:

Instructions for Appealing a Fund Staff Decision Determining Costs Ineligible

Pursuant to Section 2814 of the Fund regulations, a claimant who is not in agreement with a Fund Staff Decision determining that certain costs are not eligible for reimbursement by the Fund, may request the Fund Manager to review these costs and issue a Fund Manager Decision (FMD).

To facilitate the processing of requests for appeal regarding the eligibility of certain costs, the Fund requests that claimants complete this form with the following information:

1. The claim number and signature of claimant;
2. Name of party submitting the request for appeal and their relationship to the claimant;
3. The number of the Reimbursement Request (RR) in which the costs were first submitted;
4. The invoice number, invoice date, invoice amount, amount found ineligible, and amount for which review or appeal is requested;
5. A statement describing how the claimant is damaged by the Fund Staff Decision;
6. A description of the remedy or outcome desired;
7. An explanation of why the claimant believes the decision is erroneous, inappropriate, or improper;
8. Documentation and/or reports supporting the explanation;
9. A completed RR package containing the costs that are the subject of the request for appeal; and
10. The name and address of all interested parties.

Requests for an FMD should be sent to:

Mr. Ronald M. Duff, P.E., Fund Manager USTCF Claim No. XXXXX
Underground Storage Tank Cleanup Fund
State Water Resources Control Board
P.O. Box 944212
Sacramento, CA 94244-2120