

OFFICE USE ONLY:

PETROFUND TRACKING # _____
ENTERED _____

**MINNESOTA PETROLEUM TANK RELEASE
COMPENSATION BOARD**

**NATURAL DISASTER ASSISTANCE
REIMBURSEMENT APPLICATION**

I. APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____

Contact Person (if different from above "Name") _____

Day Phone _____ Ext _____ Fax _____

Check One

- Corporation Partnership Individual Sole Proprietorship
 Municipality State, federal, or other public agency

II. PROPERTY INFORMATION

Facility Name _____

Address _____

City _____ MN Zip _____

Day Phone _____ Ext _____

III. ELIGIBILITY WORKSHEET

1. Yes No Has the geographical area in which this property is located been declared a disaster by the governor and the President of the United States?
2. Yes No Has the natural disaster area been declared eligible for state or federal emergency aid?
3. Yes No Has this building been declared uninhabitable by the commissioner of the Minnesota Pollution Control Agency because of damage caused by the release of petroleum from a petroleum storage tank?
4. Yes No Have you submitted a claim under any applicable insurance policies and been denied benefits under those policies?

To be eligible to receive reimbursement for a portion of your estimated building or real estate market value, you must have responded "Yes" to questions 1 through 4.

IV. REIMBURSEMENT REQUEST CALCULATION

If you *have not* conveyed title of the real estate to local or state government:

Enter the prenatal-disaster estimated building market value as recorded by the county assessor \$ _____

$$\text{TOTAL REIMBURSEMENT REQUEST} = \$ \text{_____} \times 50\%$$

If you *have* conveyed title of the real estate to local or state government:

Enter the prenatal-disaster estimated total market value, not to exceed one acre, as recorded by the county assessor \$ _____

$$\text{TOTAL REIMBURSEMENT REQUEST} = \$ \text{_____} \times 50\%$$

☞ Please note that in determining the percentage for reimbursement, the board must consider your eligibility to receive other state or federal financial assistance and determine a lesser reimbursement rate to the extent that you are eligible to receive financial assistance that exceeds 50 percent of your prenatal-disaster estimated building market value or total market value.

V. CERTIFICATION PAGE* (*see Application Guide*)

APPLICANT SIGNATURE and NOTARIZATION (*SIGNATURE AND NOTARIZATION REQUIRED*)

If information contained in this application changes in any material way after this application is submitted to the Petrofund, I will immediately notify the Petrofund in writing of those changes.

I understand that the information used to support this application is subject to audit by the Minnesota Pollution Control Agency and the Minnesota Department of Commerce.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I certify that if I have submitted invoices for costs that I have incurred but that remain unpaid, I will pay those invoices within 30 days of receipt of reimbursement from the board. I understand that if I fail to do so, the board may demand return of all or a part of reimbursement paid to me and that if I fail to comply with the board's demand, that the board may recover the reimbursement, plus administrative and legal expenses in a civil action in district court. I understand that I may also be subject to a civil penalty.

I further certify that I am authorized to sign and submit this application on behalf of _____
Corporation / Partnership / Municipality / Public Agency

NOTARIZATION

Signature _____

Subscribed and sworn to before me this ____ day

Name (print/type) _____

of _____, 20____.

Title _____

Notary Public _____

Date Signed _____

[Stamp]

My commission expires _____

APPLICATION PREPARER'S SIGNATURE (*SIGNATURE REQUIRED*)

(Preparer's name)

Preparer's Signature

Title

Date

***NOTE. SUBMIT CERTIFICATION PAGE CONTAINING ORIGINAL SIGNATURES.**

Please send this application and accompanying documents to:

MINNESOTA DEPARTMENT OF COMMERCE – PETROFUND

85 SEVENTH PLACE EAST, SUITE 500

ST. PAUL, MN 55101-2198

651-539-1515 OR 800-638-0418

This application is effective JULY 1, 2016 – JUNE 30, 2017

*This document is available in alternative formats to individuals with disabilities
by calling 651-539-1515 or 800-638-0418*