

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD MULTIPARTY CHECK REQUEST

LEAK # _____

BACKGROUND INFORMATION

PLEASE PRINT CLEARLY OR TYPE

Applicant's Name	Corrective Action Site Name (if a business)
Street Address	Corrective Action Site Address
City, State, Zip Code	City, State, Zip Code
Petrofund Applicant's Telephone Number ()	Contact Person and Telephone Number at Site ()
Applicant is: _____ Owner _____ Operator _____ Other (please specify):	

First Additional Party's Name	Second Additional Party's Name
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
First Additional Party's Telephone Number ()	Second Additional Party's Telephone Number ()
First Additional Party's Status ____ Advanced Funds For Corrective Action ____ Provided Corrective Action Services	Second Additional Party's Status ____ Advanced Funds For Corrective Action ____ Provided Corrective Action Services
Dollar Amount \$ _____	Dollar Amount \$ _____

CERTIFICATION

I am the applicant for reimbursement and hereby request that the Minnesota Petroleum Tank Release Compensation Board issue a multiparty check that includes each party listed on the previous page(s).

Each listed party either advanced funds to pay the costs of the corrective action or provided corrective action services at the specified corrective action site.

I understand that this multiparty check request is limited to the application that I signed and dated _____, 20____, and that it relates only to payment that may be made from the Petroleum Tank Release Cleanup Fund as a result of that specific application.

I also understand that the Board will make payment to me and the listed party or parties by a multiparty check payable jointly to me and the listed party or parties and requiring endorsement by all payees. I further understand that this payment does not constitute the assignment of my right to reimbursement to any consultant, contractor, or lender.

NOTARIZATION

Signature _____

Subscribed and sworn to before me this _____ day

Name (print/type) _____

of _____, 20 _____.

Title _____

Notary Public _____

Date Signed _____

[Stamp]

My commission expires _____