

Montana Petroleum Tank Release Compensation Board
Designation of Representative (for reimbursement)
Form 5

Complete this form if you want to designate reimbursement from the Petroleum Tank Release Cleanup Fund to be received by another party other than yourself (i.e., contractor, insurance company, parent company, etc.). If there are multiple invoices listed below, all the invoices must be submitted on one Claim for Reimbursement. If you need assistance, call the Board staff at 406-444-9710. **This form needs to be submitted as a signed and notarized original. Please Note: This designation remains valid unless revoked in writing by either party. If the release ownership changes hands, this designation is no longer valid, and the new owner must submit a new designation, if desired.**

This form is valid for the duration of the cleanup of this release unless you list a specific invoice(s) below.

Invoice #'s

Total Amount

Invoice Amounts

(Please attach a separate sheet for additional invoices.)

If any portions of Sections 1 through 5 of this form are not completed, the form will be returned without processing.

(Type or Print)

1. Owner or operator is the party responsible for approved corrective action and/or third party damages as a result of a petroleum release. This may be the past or present owner or operator of the site.

<i>Owner or Operator or Company Name:</i> <i>Mailing Address:</i> <i>City, State, Zip:</i> <i>Contact:</i> <i>Phone Number:</i> <i>E-mail Address:</i>	
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2. Designated representative or company is the party to which the warrant will be issued.

<i>Designated Representative or Company Name:</i> <i>Mailing Address:</i> <i>City, State, Zip:</i> <i>Contact:</i> <i>Phone Number:</i> <i>E-mail Address:</i>	
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If you or your company hasn't received payment from the State of Montana before – you may want to submit a W-9 ([Substitute W-9](#)) with this form so that reimbursement isn't delayed.

3. Facility Information

<i>Facility Name at Location:</i> <i>Street Address:</i> <i>City:</i>	<i>Facility ID Number:</i> <i>Release Number:</i>
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<i>Claim #(s) submitted (if any) awaiting this Designation:</i>	<i>#(s):</i>
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4. **I assign the right to the party listed in Section 2 to receive reimbursement.** The reimbursement warrant will be issued directly to the party listed in section 2. I remain legally responsible for all costs and liabilities incurred as a result of the release.

Owner or Operator Signature Date

Owner or Operator Name (Typed or Printed) Title

State Of	
County of	
Signed and Sworn before me on	_____ by
	(Date)
	_____ Notary Public
(SEAL)	Printed or typed
	Notary Public for the State of
	Residing at (City)
	My Commission Expires

5. **As designated by the party listed above, I agree to accept the right to receive reimbursement from the Montana Petroleum Tank Release Cleanup Fund for corrective action costs or third party damages resulting from a petroleum release at the facility listed in Section 3.**

Designated Representative Signature Date

Designated Representative Name (Typed or Printed) Title

State of	
County of	
Signed and Sworn before me on	_____ by
	(Date)
	_____ Notary Public
(SEAL)	Printed or typed
	Notary Public for the State of
	Residing at (City)
	My Commission Expires

**Submit completed form to:
PETROLEUM TANK RELEASE COMPENSATION BOARD
PO BOX 200902, HELENA, MT 59620-0902**