

MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD
Claim for Reimbursement - Third Party Bodily Injury or Property Damage
Form 3-T

Complete this form if a petroleum release from this facility has impacted a third party and the owner or operator of the facility is requesting reimbursement of compensation that has been paid to a third party for bodily injury or property damage. A separate claim must be submitted for each release. In addition, a separate claim must be submitted for each impacted third party. **The Board will conduct an independent review of the appropriateness of bodily injury or property damage for reimbursement from the fund and reserves the right to require the submission of additional information.** [Instructions for submitting a Form 3-T](#)

If you require assistance, contact Board staff at 406-444-9710.

Note: The reimbursement for property damage will not be paid until the corrective action for the release is completed.

1. Owner – Name and Address	2. Payable to: Name and Address
Attn:	Attn:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Email Address:	Email Address:
3. Third Party – Name and Address	4. Other Contact – Name and Address
Attn:	Attn:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Email Address:	Email Address:

5. Facility and Petroleum Release Information
Name of Facility:
Street Address:
City:
DEQ Facility Identification Number:
DEQ Petroleum Release Number:

6. Total amount of this claim (including all page 2's)	
---	--

Facility Name:

Facility #:

Release #:

7. Third Party Damage address - This information is for the address affected (damaged by the release).

Property Description (business, home, land, health):

Street Address:

City/State/Zip:

Property Damage Description:

8. Detail of Costs. (Attach additional pages as necessary.)

Attach all documents that support your claim for reimbursement for third party bodily injury or property damages that have been sustained due to the petroleum release described in **Section 5** of this claim. Include copies of any settlements, judgments or agreements regarding liability for bodily injury or property damages. Attach contractor or vendor invoices that document property damage sustained and briefly describes work completed by each contractor/vendor.

The costs of each different corrective action plan must be on a separate page 2. Multiple tasks may be submitted on a single claim. Submit itemized invoices and other support documentation with this claim. **(Additional copies of this page may be included in each claim.)**

Corrective Action Plan (CAP): CAP ID #:

CAP Date:

CAP Modification (Form 8) Date(s):

Description of Work by Invoice:

Date of Invoice	Invoice #	Invoice Amount	Description Of Work
Total of Invoices:			

9. Proof of payment: Proof of payment is required for each invoice (see [Form 3-T instructions](#)). **Reimbursement will be issued to the owner or operator of the release unless a Designation of Representative (PTRCB Form 5) has been filed with the Board.**

10. An Assent to Audit: An Assent to Audit (PTRCB Form 2) is required for each consultant, contractor, or subcontractor who has worked at the release site with billable labor charges. See Form 3T instructions for more details.

Facility Name:

Facility #:

Release #:

11. **Third Party Verification (Required):** I hereby verify that I have sustained the bodily injury or property damage listed on this form, and I am asking for reimbursement in the amounts listed.

Signature of Impacted Third Party

Impacted Third Party (typed or printed)

Date

State of _____

County of _____

Signed and Sworn before me on this day _____ by _____
Date

(SEAL)

Notary Public

Printed or typed

Notary Public for the State of _____

Residing at _____

My Commission Expires _____

12. **Owner Certification (Required):** I certify under penalty of perjury that I am the owner or operator for this release and the information on this claim form is true to the best of my knowledge. This claim is submitted for work that was actually completed.

Owner or Operator Signature

Date

Owner or Operator Name (typed or printed)

Title

State of _____

County of _____

Signed and Sworn before me on this day _____ by _____
Date

(SEAL)

Notary Public

Printed or typed

Notary Public for the State of _____

Residing at _____

My Commission Expires _____

Submit this completed claim and supporting documents to the following address:

**PETROLEUM TANK RELEASE COMPENSATION BOARD
PO BOX 200902, HELENA MT 59620-0902**