

STATE OF FLORIDA
STORAGE TANK LOCAL GOVERNMENT FUND
(Letter from Chief Financial Officer)
 Reference: 40 CFR 280.107(d)

I am the chief financial officer of _____,
 [Name of local government owner or operator, or guarantor]

herein referred to as the "firm", _____.
 [Address of the firm]

This letter is in support of the use of the _____ to demonstrate financial
 [Insert "local government fund mechanism " and/or "guarantee"]

responsibility for _____
 [Insert "taking corrective action" and/or "compensating third parties for bodily injury and property damage caused by"]

_____ in the amount of at least:
 [Insert "accidental discharges" or "sudden accidental discharges" or "nonsudden accidental discharges" or leave blank if only corrective action is covered]

Per Occurrence: \$ _____ **Annual Aggregate:** \$ _____

arising from operating (a) storage tank(s).

Storage tanks at the following facilities are assured by this local government fund mechanism:

[List information for each facility. See Instruction #6 on page i for details. Indicate "See attachment" if required.]

FDEP FacID (for sites in Florida)	Facility Name and Site Address (for all sites covered)	Number of Tanks or Tank I.D. Nos.

[Check appropriate line.]

_____ The local government fund is funded for the full amount of coverage required under §280.93 and/or paragraph 62-762.421(3)(c), F.A.C., or funded for part of the required amount of coverage and used in combination with other mechanism(s) that provide the remaining coverage.

_____ The local government fund is funded for five times the full amount of coverage required under §280.93 and/or paragraph 62-762.421(3)(c), F.A.C., or funded for part of the required amount of coverage and used in combination with other mechanism(s) that provide the remaining coverage.

_____ A payment is made to the fund once every year for seven years until the fund is fully-funded and the Firm has available bonding authority, approved through voter referendum, of an amount equal to the difference between the required amount of coverage and the amount held in the dedicated fund.

_____ A payment is made to the fund every year for seven years until the fund is fully-funded and I have attached a letter signed by the State Attorney General stating that (1) the use of the bonding authority will not increase the local government's debt beyond the legal debt ceilings established by the relevant state laws, and (2) that prior voter approval is not necessary before use of the bonding authority.

The details of the local government fund are as follows:

Amount in Fund (market value of fund at close of last fiscal year): \$ _____

[Check and enter data if fund balance is incrementally funded as specified in §280.107(c).]

_____ Amount added to fund in the most recently completed fiscal year: \$ _____

Number of years remaining in the pay-in-period: _____

A copy of the state constitutional provision, or local government statute, charter, ordinance, or order dedicating the fund is attached. The most recent completed fiscal year ended on _____.

[Date]

The person whose signature appears below hereby certifies that the wording of this instrument is identical to the wording as adopted and incorporated by reference in Rule(s) 62-761.420 and/or 62-762.421, F.A.C.

[Signature of Chief Financial Officer]

[Name and Title]

[Signature of Witness or Notary]

[Printed Name of Witness or include Notary Seal]

[Date of Witness or Notary]

[CFO Office Contact: Name and Title]

[Phone Number]

[Email Address]