

LETTER OF CREDIT COVER LETTER
(completed by the "owner or operator")

Solid Waste Financial Coordinator
Florida Department of Environmental Protection
2600 Blair Stone Road MS 4548
Tallahassee, Florida 32399-2400

Dear Sir or Madam:

Attached, or by separate cover, please find Letter of Credit number _____, issued by
Letter of Credit Number
_____, effective _____.
Issuing Institution Effective Date

This credit is for the following Required Actions: Closing Long-Term Care Corrective Action
Check Appropriate Box(es)

It is submitted as part of the financial assurance requirements for the following facility(ies):
List for each facility covered by this credit: FDEP identification number (WACS or EPA ID), facility name and site address.
Include facility amounts (the amount for each facility covered by this credit) only when more than one facility is covered by this letter of credit.*
Facility amount equals aggregate amount when not specified.

FDEP I.D. No. 

Facility Name and Site Address 




I acknowledge that the aggregate amount of the credit will need to increase within the time frames defined in 40 CFR 264.143(d) and/or .144(d), as adopted by reference in Rule 62-701.630 or 62-711.500, Florida Administrative Code. If a cost estimate decreases, reductions in the aggregate amount must be authorized in writing by the FDEP Tallahassee Office. Authorization will be addressed to the issuing institution and will specify letter of credit to be changed. (Estimate approvals are not sufficient, in and of themselves, to authorize a letter of credit reduction.)

Sincerely, 

Signature (authorized representative of Owner or Operator)

Date

 _____
Print Name and Title

Phone Number

Legal Name of Owner or Operator (Permittee or Applicant)

E-mail Address

Mailing Address

* Facility amounts will be deemed adjusted when estimates change or the letter of credit aggregate amount changes.