SAVE PRINT CLEAR

# SCHEDULE A

This Agreement demonstrates financial assurance for cost estimate(s) on file with FDEP for the following facility(ies). [Attach completed schedule to new trust fund agreement or to an amendment.]

| FDEP I.D. Number | Facility Name* | Site Address | Facility Cost Estimate** (total of Required Action amounts) |
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* - Removal of a facility from a trust fund agreement, in accordance with FDEP regulations, requires prior written permission from the FDEP Tallahassee Office. Authorization will be addressed to the Trustee and will specify agreement by date.

** - For each facility, enter the most recent Department approved facility cost estimate amount, or subsequently increased amount.

(This is an example of a separate, additional or revised Schedule A.)