

STATE OF FLORIDA STORAGE TANK CERTIFICATE OF VALID CLAIM

Reference: 40 CFR 280.112

The undersigned, as principals and as legal representatives of _____
[Owner or Operator]

(hereinafter "Owner or Operator") and _____
[Name of Third Party Claimant(s) - Insert "See attached" if multiple claimants have different addresses]

(hereinafter "Claimant(s)"), _____,
[Address of Claimant(s) - Insert "See attached" if multiple addresses]

hereby certify that the claim of _____ caused by an accidental release
[insert "bodily injury" or "property damage" or "bodily injury and property damage"]

arising from operating owner's or operator's storage tank should be paid in the amount of \$ _____.

Tank Reference: _____
[FDEP FacID] [Tank ID] [Site Address]

Owner or Operator

[Signature for Owner or Operator] [Signature of Witness or Notary] [Date]

[Name of Person Signing for Owner or Operator] [Printed name of Witness or include Notary Seal]

[Signature of Attorney for Owner or Operator] [Signature of Witness or Notary] [Date]

[Name of Attorney] [Printed name of Witness or include Notary Seal]

[Phone]

E-mail]

Claimant(s) [add additional signature blocks as needed]

[Signature for Claimant] [Signature of Witness or Notary] [Date]

[Name of Person Signing for Claimant] [Printed name of Witness or include Notary Seal]

[Signature of Attorney for Claimant] [Signature of Witness or Notary] [Date]

[Name of Attorney] [Printed name of Witness or include Notary Seal]

[Phone]

[E-mail]