



Minnesota Pollution Control Agency

520 Lafayette Road
St. Paul, MN 55155-4194

Harmful Substance Compensation Program

Application for Compensation for Property Damage

Return form to: Superfund Program
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155-4194

Instructions: Please print and use ink for your answers and attached extra sheets as needed.

Applicant

Last name: _____ First name: _____ Social Security No. _____

Current Address: _____

City: _____ State: _____ Zip code: _____

Birthdate: _____ Sex: Male Female Telephone Number: _____

Address where property damage occurred: Same as above County: _____

Street: _____

City: _____ State: _____ Zip code: _____

Property Information (where damage occurred)

Purchased the property on (date): _____ If not current owner, sold property on (date): _____

First date of occupancy on (date): _____ If not current owner, sold property on (date): _____

Eligible Property Damage (check all boxes for which you seek compensation)

1. Contamination of drinking water at owner-occupied residence

2. Lowered sales price of residence with contamination

3. Losses due to inability to sell residence with contamination

List harmful substances on the property: _____

Where were they found? _____

What was the source of the substance? _____

When was the damage discovered? (Date) _____

If you checked No. 1 above, please answer the following:

Who told you your water was contaminated? (attach notices) _____

What did you do to get an uncontaminated water supply? _____

If you checked No. 2 and 3 above, please answer the following:

What was the appraised value of the home before the contamination? (attach appraisal or tax statements) _____

What is the name of your real estate agent? Agent Name: _____

Company Name: _____ Phone Number: _____

What was the sales price of your home? (attach copy of settlement agreement) _____ Date: _____

Why did you need to sell your home? (attach statement if more space is needed) _____

Compensation

What amount of compensation are you seeking? _____

When and how did you determine this amount? (attach all dated receipts and/or invoices) _____

Have you received any compensation for this damage from another source? Yes No

If yes, list names and amounts. _____

Is this damage covered under your property insurance policy? Yes No

Have you tried to recover your loss from the person responsible for the release of the harmful substance? Yes No

Name of claimant's representative (e.g., lawyer, guardian, etc.) _____

Phone number: _____

About the data supplied on this form: Data collected by the Minnesota Pollution Control Agency (MPCA) will be used by the MPCA to determine proper compensation, and will be used to report to the Legislature under Minn. Stat. Section 115B.28, on numbers and types of cases, amounts of compensation, types of injuries or damages and their relationship to harmful substance exposure. The data submitted on this application are public data. Submission of the data is not legally required, but failure to supply the data requested on the form may result in dismissal of the claim by the MPCA. Disclosure of the Social Security number is voluntary. It is requested to help distinguish applicants and to ease processing. In the event of an award, it may be required for payment.

Certification

I certify that all statements in this application are true and complete to the best of my knowledge:

Signature of applicant

Date

Signature of Notary Public

Date

State: _____ County: _____

Commission expires: