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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Drycleaner FundAssignment Certification Form Doc Type: Drycleaner Application |

## **Instructions:** Complete this form to assign reimbursement of a Drycleaner Fund application to another party or parties. This form must be submitted along with each subsequent Drycleaner Fund application where assignment to another party is requested. If you have questions regarding the form, please contact Jennifer Haas at 651-757-2401 or jennifer.haas@state.mn.us, or Sondra Campbell at 651-757-2840 or sondra.campbell@state.mn.us.

## **Email an electronic copy** of the completed form along with the reimbursement application to:jennifer.haas@state.mn.us.

## **Mail** the completed formto**:** Jennifer Haas**,** Superfund Remedial Section, Minnesota Pollution Control Agency, 520 Lafayette Road North, St. Paul, Minnesota 55155-4194

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This assignment corresponds to Drycleaner Fund Request No. |       | dated |       | . |

1. **Site identification (where release occurred)**

|  |  |  |  |
| --- | --- | --- | --- |
| MPCA Site name: |       | MPCA Billing ID (AI no.): |       |
| MPCA Site ID number(s): |       |
| Site address: |       | County: |       |
| City: |       | State: |    | Zip: |       |

## Drycleaner Fund applicant

|  |  |  |
| --- | --- | --- |
| Name: |       |  |
| Mailing address: |       | Phone: |       |
| City: |       | State: |    | Zip: |       | Email: |       |

## Assignee

**First assignee’s information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Dollar amount assigned or percentage of reimbursement assigned: |       |
| Business name: |       |
| Address: |       |  |  |
| City: |       | State: |    | Zip code: |       |
| Phone Number: |       |  | Email: |       |

**First assignee’s status:**

[ ]  Funded response action [ ]  Provided response action services (consultant or contractor)

**Second assignee’s information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Dollar amount assigned or percentage of reimbursement assigned: |       |
| Street address: |       |
| City: |       | State: |    | Zip code: |       |
| Phone Number: |       |  | Email: |       |

**Second assignee’s status:**

[ ]  Funded response action [ ]  Provided response action services (consultant or contractor)

## Assignment certification

|  |  |  |
| --- | --- | --- |
| I |       | [Drycleaner Fund applicant] in consideration of |
|       | , receipt of which is hereby acknowledged, hereby assign to |
|       | , and |
|       | [assignees] his/her/its/their executors, administrators and  |
| assigns the sum of money or percentage of reimbursement indicated on the first page of this certification for each such assignee  |
| from money now due or which may become due to |       | [Drycleaner Fund applicant] |
| from the Drycleaner Fund for eligible costs related to response action activities at |
|       | [the site]. |
|  It is further expressly understood and acknowledged that this assignment is limited to Drycleaner Fund Request No.  |
|       | dated |       | and relates only to payment that may become due from the Drycleaner Fund as a |

result of this specific application. Future supplemental applications for this site will not be subject to this assignment. If an assignment is deemed necessary for supplemental applications for this site, a separate assignment certification will be required.

 It is further expressly understood and acknowledged that this assignment does not relieve the Drycleaner Fund applicant of any duties, responsibilities or liabilities under local, state or federal law relating to the discharge or the conditions of reimbursement pursuant to Minn. Stat. ch. 115B.49.

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| IN WITNESS WHEREOF, the Drycleaner Fund applicant has hereunder set their hands this |       | day |
| of |       | , 20 |       | . |

**Drycleaner Fund applicant signature:**

|  |  |  |  |
| --- | --- | --- | --- |
| Print name: |       | Title: |       |
| Signature: |  | Date: |  |

**Notary**

|  |
| --- |
| Subscribed and sworn to before me this: |
|  | day of |  | , |  |
|  |
| Notary Public |
|  |
| My Commission Expires |