

State Water Resources Control Board
Underground Storage Tank Cleanup Fund

PROVIDER'S COMPLAINT FORM FOR CLAIMANT'S NONPAYMENT OF ELIGIBLE COSTS

When claimants to the Underground Storage Tank Cleanup Fund (Fund) are reimbursed by the Fund for eligible costs they have incurred, claimants must pay the provider for those costs within thirty days of receipt of Fund reimbursement or must return the reimbursed amount to the Fund. (Cal. Code Regs., tit. 23, § 2812, subd. (g).) Providers who have not received payment for costs that were reimbursed to a Fund claimant more than thirty days previously may use this form to notify the Fund. The State Water Resources Control Board's, Division of Financial Assistance is authorized to investigate complaints concerning nonpayment of reimbursed costs. Use the instructions below to complete the Provider's Complaint Form for Claimant's Nonpayment of Eligible Costs. All sections of the form **must** be completed prior to submission to the Fund. Forms can be obtained from the Fund's web site at: http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml

Forms can be submitted electronically to the Fund at: USTCF_Payments@waterboards.ca.gov, via fax to: (916) 341-5806, or by mail to:

**State Water Resources Control Board
Underground Storage Tank Cleanup Fund
1001 I Street, 17th Floor
Sacramento, CA 95814**

- **Section A (Claim Information)** – Enter the claim's information in this section. Enter the claim number, claimant's name, and site address.
- **Section B (Goods/Service Provider Information)** – Enter the goods/service provider information in this section. Enter the provider's name, mailing address, phone number, fax number, and e-mail address.
- **Section C (Invoice Information)** – For each invoice including costs for which the claimant has not paid to the provider, list the reimbursement request number, invoice number, invoice date, invoice amount, amount reimbursed by the Fund (if known), amount still owed to the provider, and date of the reimbursement check issued to the claimant. If more space is needed, complete an additional Complaint for Nonpayment Form.
- **Section D (Description of Attempts Made)** – Describe the attempts made to the contact the claimant. Provide date(s), method of contact (i.e., phone, fax, e-mail, etc.), contact information used to correspond with the claimant (i.e., mailing address, e-mail address, phone number, etc.), response given by the claimant, if any, and the relevant details of the conversation or correspondence.
- **Section E (Goods/Service Provider Certification)** – Read the certification in its entirety and sign on the line to certify that the information contained on this form is complete and accurate. The person signing must be the goods/service provider or have the authority to act on behalf of the goods/service provider.

**Underground Storage Tank Cleanup Fund
 PROVIDER'S COMPLAINT FORM FOR CLAIMANT'S NONPAYMENT OF ELIGIBLE COSTS**

A Claim No.: _____ Claimant Name: _____
 Site Address: _____

B Provider Name: _____
 Provider Address: _____
 Provider Phone: _____ Provider Fax: _____ Provider E-mail: _____

C

RR Number	Invoice No.	Invoice Date	Invoice Amount	Amount Reimbursed by the Fund (if known)	Amount Due to Provider	Date of Check Issued to Claimant

D Please answer the following question to assist us with your complaint.
 1. Have you made attempts to contact the claimant? If yes, fill out the table below. Yes No

Date	Method of Contact	Contact Name and Number or Address	Brief Description of Outcome

E **Provider Certification:** I, the undersigned, certify under penalty of perjury that I provided the invoiced services or goods for the above-mentioned claim and all statements, answers, and representations made in this document are true and correct to the best of my knowledge.

_____ Signature and Date _____
 Print Name and Title (Provider) _____