

REIMBURSEMENT REQUEST (RR) - UNDERGROUND STORAGE TANK CLEANUP FUND

A

CLAIM NO: 006991 REGION: 3 PRIORITY: C

CLAIMANT: CITY OF GUADALUPE COMMUNITY REDEVELOPMENT AGENCY, ASSIGNEE
 CO-PAYEE:
 JOINT CLAIMANT:

CONTAMINATED SITE: AL'S UNION
 ADDRESS: 995 GUADALUPE ST
 GUADALUPE, CA 93434

RECEIVED
 APR 1 11 2012
 CITY OF GUADALUPE
 City Clerk or Deputy City Clerk

B

C/O:
 ATTN:
 MAILING ADDRESS: 918 OBISPO ST
 GUADALUPE, CA 93434

For Mailing Address Changes Check Box and Complete an "Address Change Form"

FOLLOWING SECTION TO BE COMPLETED BY CLAIMANT

CLAIMANT EMAIL: _____ JT CLAIMANT EMAIL: _____

RR CONTACT INFORMATION (Fund Staff is authorized to contact the following about the information contained in this RR package only):

NAME: _____ COMPANY: _____
 PHONE: _____ FAX NO.: _____
 EMAIL: _____

AMOUNT REQUESTED FOR THIS RR: \$ _____ PAYMENT NO. _____

CERTIFICATION: I have read and signed the Conditions of Payment Certification Form dated January 2007. I understand that this RR CANNOT BE PROCESSED unless a complete and accurate Conditions of Payment Certification Form is currently on file with the Fund.

The costs claimed in this RR have been incurred and have been paid or will be paid within thirty (30) days of receipt of the funds requested hereby. If such costs have not been paid within 30 days, funds received under this request will be returned to the State Water Resources Control Board.

CLAIMANT SIGNATURE: _____ DATE: _____
 JOINT CLAIMANT SIGNATURE: _____ DATE: _____

SIGNATURE ON FILE

FOLLOWING SECTION IS FOR STATE USE ONLY

PMT NO: <u>3</u> FY: _____ <input type="checkbox"/> BUDGETED <input type="checkbox"/> FINAL (BUDGET) <input checked="" type="checkbox"/> NON-BUDGETED <input type="checkbox"/> FINAL (CLAIM) <input type="checkbox"/> FIRST RR FOR CLAIM W/LOC <input type="checkbox"/> CLMNT NAME/TAX ID CHANGE W/LOC <input type="checkbox"/> MAILING ADDRESS CHANGE	PAYMENT CALCULATION
	TOTAL REIMBURSEMENT ELIGIBLE (TOTAL PAID TO DATE + NEW RR) \$ <u>1,777,888</u>
	ADJUSTMENT
	<input type="checkbox"/> THIRD PARTY JUDGEMENT <input type="checkbox"/> SETTLEMENT
	<input type="checkbox"/> OTHER _____ \$ _____
	LESS: DEDUCTIBLE \$ <u>(5000)</u>
	TOTAL REIMBURSEMENT ALLOWED (NOT TO EXCEED \$1.5 MILLION - LESS DEDUCTIBLE) \$ <u>1,727,888</u>
	LESS: PREVIOUS REIMBURSEMENT TOTAL (PREVIOUS PAYMENTS) \$ <u>842,338</u>
CALSTARS CODING: 0550-570.01-30530	AMOUNT DUE \$ <u>885,550</u>

SIGNATURES FOR APPROVAL OF PAYMENT

Reviewed By: [Signature] Analyst: _____ Date: 4/3/12
 Title: _____

Approved By: _____ Manager: _____ Date: APR 6 2012
 Title: _____