

OFFICE USE ONLY
Claim No. _____

New Jersey Department of Environmental Protection
Environmental Claims Administration
401-06J P.O Box 420, Trenton, N.J. 08625-0413
(609) 984-2076 Fax: (609) 633-2360

SPILL COMPENSATION AND CONTROL ACT
(P.L. 1976, c. 141)

EMERGENCY RESPONSE

DAMAGE CLAIM

PLEASE NOTE: *The filing of this claim form is not to be construed that the claimant is entitled to receive Spill Fund compensation. The Department must conduct a complete review of the claim before a determination is made regarding compensability.*

I. CLAIMANT IDENTIFICATION INFORMATION

1. Name of Local Unit: _____
(Hereinafter referred to as "claimant" whether one or more.)
- 2a. Street address of claimant: _____
- 2b. Mailing address of claimant: _____
3. Telephone Number: _____
4. Tax Identification Number: _____
5. If it is requested that notices be sent to a person other than claimant, state:
Name of Person: _____
Mailing Address: _____
Tele. No.: _____ Relationship to Claimant: _____

II. DISCHARGE AND DAMAGE STATEMENT

CLAIMANT HEREBY CLAIMS TO HAVE SUFFERED DAMAGES TO REAL ESTATE OR PERSONAL PROPERTY OR LOSS OF INCOME OR LOSS OF TAX REVENUE AS A RESULT OF A DISCHARGE OF A HAZARDOUS SUBSTANCE, DEFINED AS SUCH BY THE NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION PURSUANT TO P.L.1976, c.141, AS DETAILED HEREIN BELOW:

6. The discharge in connection with which this claim is filed emanated from the following: (precise location)
Street Address : _____
Municipality : _____ County : _____
Date: _____, 19____ Time: _____ o'clock ____ M.
7. The person or entity believed to be responsible (if known) for the discharge is:
_____, a _____,
(indicate whether individual, partnership, corporation or government), the address of which is:

8. Damage to Real and/or Personal Property: () *Check if applicable.* (Personal property may be defined as property subject to ownership which is not permanently attached to the land.)

Claimant hereby claims to have suffered damages to real and/or personal property as follows:

- a. Date(s) of damage: _____
- b. How did you discover damage: _____

- c. Dates damages were discovered by you _____
- d. Location of real and/or personal property at time of damage:

Street Address : _____
Municipality : _____ Tax Lot : _____ Block: _____

- e. Description of property which was damaged and predominant use of any damage to real property. State if the property is vacant land:

Describe the facts which lead you to believe that the discharge caused damages suffered by you:

- f. Description of damage: _____

- g. Estimation of total damage to property: \$ _____ . The claimant shall submit all bills, invoices, receipts and other documentation in an orderly fashion.

- h. Name, address and qualifications of any person who prepared the estimates.

- i. Place where property may be inspected: _____

- j. Please provide a description of any action (and cost of the action) taken to repair, restore or replace damaged real property, including, without limitation, the following and the name and address of the person who has taken such action. (Provide 3 estimates)

- k. Please provide copies of police/fire department reports, if such reports were prepared.

- l. A copy of the Incident Report on file at the NJDEP Hotline 1-877-927-6337

- m. An affidavit stating that you obtained NJDEP approval before taking the emergency response, including the name of the NJDEP employee who gave you approval, date of approval, and the form of approval (i.e. telephone, mail or facsimile) N.J.A.C. 7:1J-5.2(b)1.

9. Loss of Tax Revenue: () *Check if applicable.* Claimant hereby claims to have suffered a loss of tax revenue as follows:

a. Total amount claimed: \$ _____ .

b. Period of time for which loss of tax revenue is claimed: _____

c. Please describe in detail the precise manner in which claimant has calculated the total amount of loss of tax revenue claimed:

d. Is all financial information on the basis of which, in part or in whole, the claimant has claimed loss of tax revenue, available for inspection and audit? ____ Yes ____ No
(If "Yes", explain where information can be obtained. If not, explain why information is unavailable.)

e. Has any financial information on the basis of which, in part or in whole, the claimant has claimed loss of tax revenue been audited? ____ Yes ____ No

If "Yes", give name and address of auditor, date of audit and attach copies of relevant audited statements:

10. Please submit some supporting documentation which indicates the date when it was discovered that the taxing entity (Town, County, State, etc.) would lower the taxes, the appeals (if any) by affected residents from original (higher) assessments which indicates that the reduction was not initiated or encouraged by the taxing entity and all other documentation regarding the tax loss.

III. RESPONSIBLE PARTY INFORMATION

11. Please describe in detail the basis upon which you believe that the person or entity listed above in Question No. 10 is responsible for any damage or loss of income you claim to have suffered. Also indicate, if known, whether each such person is an individual, general partnership, limited partnership, corporation or governmental entity:

12. State the names and addresses of witnesses or other persons having relevant knowledge of the discharge:

13. Has the person or entity listed in Question No. 10 admitted responsibility for the discharge or threatened discharge from which the claim arose, or liability for the amount of damages for which the claim is being made in connection with which this claim is filed? ____ Yes ____ No If so, please indicate when, where, by whom and if in writing.

14. Has the person or entity listed in Question No. 10 admitted liability for the amount of damages and loss of income for which this claim if filed? ____ Yes ____ No If so, please indicate when, where, by whom and if in writing.

15. State the names of any public agencies (local or state police and other local, state or federal agencies) and the people involved, who have investigated the discharge:

IV. INSURANCE / OTHER CLAIMS

16. Is the incident covered by any policies of insurance which insure the real or personal property or loss of income or tax revenue for which this claim is filed? ____ Yes ____ No

Provide copies of any correspondence between the insurance carrier and yourself or your representatives concerning the discharge or threatened discharge.

- a. Name of Insurance Company: _____
- b. Address of Insurance Company: _____
- c. Policy Number(s): _____
- d. Phone Number: _____

17. Have you made a claim against anyone else (including County Environmental Health Act or the Federal Oil Pollution Act of 1990) for any of the losses or expenses claimed in this notice?
____ Yes ____ No

If "Yes", set forth the names and addresses of all persons and insurance companies against whom you have made such claims:

18. Have you filed a lawsuit against anyone? ____ Yes ____ No If "Yes", attach copy of complaint.

Give details: _____

19. Have you received or agreed to receive any money from anyone including, but not limited to, a state loan or grant from the Economic Development Authority or a water supply loan from the DEP for the damages claimed herein? ____ Yes ____ No If "Yes", set forth the details:

20. Is there any other information which you believe to be pertinent to the processing or merits of this claim?

21. State in writing the specific reasons why your claim should be accorded priority:

Claimant hereby claims to have actually incurred damages, as such term defined in N.J.A.C. 7:1J-1.4, that the claimant has not received compensation from any other source for such damages, and that the claimant is not a potentially responsible party in connection with the discharge, which is the subject of the claim.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, and that to the best of my knowledge, after diligent investigation including inquiry of those individuals immediately responsible for obtaining the information, the information contained in this claim is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including fines and/or imprisonment for submitting false information.

Claimant, by his or her signature hereon, hereby states that the damage claims set forth herein represent all damage to claimant arising out of the incident and claimant understands that pursuant to P.L. 1976, c.141, damage claims omitted from this claim are deemed waived.

Signed at _____ (Municipality), _____ (State),

on the _____ day of _____, 19____.

Signature of Claimant

Now personally appeared _____ before me and made oath that all of the foregoing is true to the best of his (her) information, knowledge and belief.

(Notary Public or Attorney at Law)