

Return Completed Form and Attachments to:

Wisconsin Department of Natural Resources
PECFA - Remediation & Redevelopment Program
PO Box 7921
Madison, WI 53707-7921
Fax: 608-267-7646
dnr.wi.gov/topic/Brownfields/pecfa.html

PECFA - Remedial Action Fund Application

Form 4400-291 (R 7/17)

Notice: Pursuant to Wis. Admin. s. NR 747.12, this application is to be completed and submitted along with all required attachments to the address above when requesting reimbursement of eligible costs under the Petroleum Environmental Cleanup Fund Award (PECFA). Personal information collected will be used for administrative purposes and may be provided to the requester to the extent required by Wisconsin's Open Records Laws (Wis. Stats. ss. 19.31-19.39).

PECFA Number: _____ - _____ - _____ **BRRTS Number:** _____ - _____ - _____

Section 1: Claimant Information

Last Name	First	MI	Phone Number (incl. area code)	
Spouse's Name			Address	
E-mail		City	State	ZIP Code

Claim Submitter's Information (if different than above)

Last Name	First	MI	Firm Name	
Business Address			City	State ZIP Code
Phone Number (incl. area code)	Fax Number (incl. area code)	Email		

Section 2: Site Location

Site Name	
Site Address (no PO Boxes)	City

Section 3: Claim Preparation

As of 2016, claimants or their agents are allowed to submit two claim preparation charges per year (Jan 1 to Dec 31) unless one of the below milestones applies.

If you are submitting a claim prep charge above and beyond the two annual allowed, please select the appropriate milestone:

- Closure/No Further Action
- Lender Terminated Funding
- Change of Lender
- Change of Consulting Firm
- Change of Responsible Party

Section 4: Reimbursement Claim

Total cost incurred on this claim for:

Work Completed \$ _____

Interest \$ _____

Total amount submitted for reimbursement: \$ _____

If claim is being submitted by any individual other than the owner or by an individual who does not have 100% ownership, provide an explanation and any relevant supporting documentation. In the case of a corporation, a chief financial officer or other corporate office may sign the application. In case of a municipality, the mayor or chief financial officer must sign the form.

Certification

I attest that the information and documents submitted with this application are true and accurate, I assume the responsibility for notifying all current owners about this claim, and for ensuring that an Agent Assignment Form (4400-292) has been submitted to the DNR (if applicable).

Claimant Signature		Date
Preparer's Signature	Preparer's Name (print or type)	Representing <input type="radio"/> Claimant / or <input type="radio"/> Consultant