Return Completed form with attachments to:

Wisconsin Department of Natural Resources
PECFA Remediation and Redevelopment Program
PO Box 8044
Madison, WI 53708-8044
Fax: 608-267-7646
dnr.wi.gov/topic/Brownfields/

PECFA - Claim Submittal Information

Form 4400-297 (7/13)

Notice: A completed version of this form must be attached to each Petroleum Environmental Cleanup Fund Award (PECFA) reimbursement claim submitted to the Department of Natural Resources (DNR). For more information on how to correctly submit a claim for reimbursement, consult "Information about PECFA Reimbursement" (RR-942). Pursuant to s. SPS 347.30(3)(a)3, Wis. Adm. Code, a consultant who prepares a submitted claim that includes any costs in s. SPS 347.30(3 (b), Wis. Adm. Code, shall pay to the DNR an amount equal to 50 percent of the total amount of those costs, and the award for the claim shall be reduced to exclude those costs. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss.19.31-19.39, Wis. Stats.]

Section I: Claimant Information

Last Name	First	MI	Phone Number (incl. area code)

Address	City	State	ZIP Code

PECFA NUMBER:	BRRTS NUMBER:
___ ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___	___ ___ - ___ ___ - ___ ___ ___ ___ ___ ___

Site Address	City	State	ZIP Code

Email

Section II: Paid Claim Preparer's Information

Claim Preparer's Last Name	First	MI	Preparer's Firm Name

Business Address	City	State	ZIP Code

Phone Number (incl. area code)	Fax Number (incl. area code)	Email

Preparer: Your signature indicates you have provided or verified all applicable information for this claim as indicated above. *This form must be returned as part of the PECFA claim submittal package*.

Preparer's Signature	Date Signed

Section III: Claim Submitter's Information (if different than above)

Claim Submitter's Last Name	First	MI	Submitter's Firm Name

Business Address	City	State	ZIP Code

Phone Number (incl. area code)	Fax Number (incl. area code)	Email

Submitter: Your signature indicates you have provided or verified all applicable information for this claim as indicated above. *This form must be returned as part of the PECFA claim submittal package*.

Submitter's Signature	Date Signed