

**MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD**  
**Claim for Reimbursement - Third Party Bodily Injury or Property Damage**  
**Form 3-T**

Complete this form if a petroleum release from this facility has impacted a third party and the owner or operator of the facility is requesting reimbursement of compensation paid to a third party for bodily injury or property damage. A separate claim must be submitted for each release. Additionally, a separate claim must be submitted for each impacted third party. **The Board will conduct an independent review of the appropriateness of bodily injury or property damage for reimbursement from the fund and reserves the right to require the submission of additional information.**

Instructions - [http://deq.mt.gov/pet/Forms/PDFS/Form\\_3T\\_instr.pdf](http://deq.mt.gov/pet/Forms/PDFS/Form_3T_instr.pdf) . If you require assistance, contact Janet Adolph at 406-841-5094 or e-mail [jaadolph@mt.gov](mailto:jaadolph@mt.gov) .

**Note: The reimbursement for property damage may not be paid until the corrective action for the release is completed.**

<b>1. Owner – Name and Address</b>	<b>2. Operator – Name and Address</b>
Attn: Phone Number: Fax Number: Email Address:	Attn: Phone Number: Fax Number: Email Address:
<b>3. Claimant – Name and Address</b>	<b>4. Other Person – Name and Address</b>
Attn: Phone Number: Fax Number: Email Address:	Attn: Phone Number: Fax Number: Email Address:

<b>5. Facility and Petroleum Release Information</b>
Name of Facility: Street Address: City: DEQ Facility Identification Number: DEQ Petroleum Release Number:

<b>6. Total amount of this claim (including all page 2's)</b>	
---	--

7. Facility and Tank Information - This information is for the tank that had the release.

Name of Facility:

Street Address:

City/State/Zip:

DEQ Facility Identification Number:

DEQ Release Number:

8. Detail of Costs. (Attach additional pages as necessary.)

Attach all documents that support your claim for reimbursement for third party bodily injury or property damages that have been sustained due to the petroleum release described in **Section 4** of this claim. Include copies of any settlements, judgments or agreements regarding liability for bodily injury or property damages. Attach contractor or vendor invoices that document property damage sustained and briefly describes work completed by each contractor/vendor.

Name of Contractor/Vendor:

Mailing Address:

Contact Person:

Phone:

**Description of Work by Invoice:**

Date of Invoice	Invoice #	Invoice Amount	Description Of Work

**Multiple invoices may be listed for any one contractor/vendor; however, if you are submitting invoices for multiple contractors/vendors, this page must be copied and a separate page submitted for each contractor/vendor.**

9. Proof of payment is required for each invoice. **The reimbursement will be issued to the owner or operator unless a Designation of Representative (Form 5) has been filed with the Board.**
10. An Assent to Audit (PTRCB Form 2) is required for each consultant, contractor, or subcontractor who has worked at the release site with billable labor charges.
11. Verification — I hereby verify that I have sustained the bodily injury or property damage listed on this form and I am asking for reimbursement in the amounts listed.

\_\_\_\_\_  
Signature of Third Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Impacted Third Party Name (typed or printed)

\_\_\_\_\_  
Title

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Signed and sworn before me on this day \_\_\_\_\_ by \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed or typed

Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

10. Certification & Acknowledgment — this form must be signed by the owner or operator before the claim can be accepted.

I have reviewed the information in this document. I hereby certify to the best of my knowledge all information contained within this document is true and correct. I understand that the Petroleum Tank Release Compensation Board will reimburse only those claimed costs that it determines to be actual, necessary, and reasonable.

\_\_\_\_\_  
Owner or Operator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner or Operator Name (typed or printed)

\_\_\_\_\_  
Title

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Signed and sworn before me on this day \_\_\_\_\_ by \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed or typed

Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**Submit this completed claim and supporting documents to the following address:**

**PETROLEUM TANK RELEASE COMPENSATION BOARD  
P.O. BOX 200902  
HELENA, MT 59620-0902**