



Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Drycleaner Environmental Response Trust Fund Claim Form

As soon as you have a known or suspected release from your drycleaning facility, please fill out this form as completely as you can. **Note:** This form should be completed within Acrobat before being printed, signed, and submitted.

1. Claimant

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ ext: _____

- Claimant is: the owner/operator of the drycleaning facility.
 a third party affected by a release at an insured facility.

2. Authorized Agent (if applicable)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ ext: _____

3. Facility Information

Drycleaning Facility

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Tax Parcel ID: _____

Third Party Facility

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Tax Parcel ID: _____

4. Claim is for: Remedial benefits (i.e. historical solvent release, one occurring before the insurance policy effective date)
 Insurance benefits (i.e. current solvent release, one occurring after the insurance policy effective date)

5. Policy number: _____

6. Drycleaning Units

Number of units at this location: _____

Are they still in use?

Yes No If No, as of what date were the drycleaning units no longer in use? _____

What drycleaning solvents are/were stored in the drycleaning units?

7. Are there any other machines, equipment, or tanks (underground or aboveground) located at this facility that contain any product that is chlorine-based or petroleum-based besides the drycleaning units that store drycleaning solvent?

Yes No If Yes, please explain.

8. Who owns the land that the drycleaning units are located on? _____

Does anyone lease the land?

Yes No If Yes, who? _____

9. Who owns the facility / drycleaning units? _____

10. Who owns and / or operates the the business at this location, if any? _____

How long has this person or company operated it? _____

How long has the business with drycleaning units been at this location? _____

Release Information

11. When did you first learn a release (e.g. spill or leak) had occurred? _____

12. How was it discovered (e.g. accidental spill, soil testing, etc.)? _____

13. When and how was the problem reported to the Illinois EMA or Illinois EPA? _____

14. Identify the source of the contamination (e.g. the unit, spill, etc.), if known: _____

15. Are you aware of any person who has a bodily injury or property damage claim from the release?

Yes No If Yes, list their names and phone numbers.

16. Do you think contamination has migrated beyond your property?

Yes No If Yes, list names, addresses, and phone numbers of affected persons.

17. Has a "site investigation" or report been prepared?

Yes No If Yes, list the date of the report and enclose a copy with this form. _____

18. Have activities commenced to clean up the contamination?

Yes No If Yes, briefly describe.

19. Your Licensed Professional Engineer's name and company: _____

20. Has this site received a "No Further Remediation" letter?

Yes No If Yes, please provide a copy.

Other Insurance

21. Have you ever had any other insurance policy specifically providing pollution liability coverage for this property?

Yes No If Yes, provide the name of the company, the policy number, and a copy of the policy: _____

22. Has the incident been reported to this insurance company?

Yes No

23. Have you received or are you requesting payment from anyone else for costs associated with this claim?

Yes No If Yes, whom? _____

Certification (Must be notarized)

I hereby certify and understand that, in addition to all other civil and criminal penalties provided by law, any person who knowingly makes to the Agency an oral or written statement that is false, fictitious, or fraudulent and that is materially related to or required by the DERT Fund Act or 35 Ill. Adm. Code 890 commits a Class 4 felony, and each such statement or writing shall be considered a separate Class 4 felony.

_____ Printed Name

_____ Title

_____ Signature

_____ Date

Notarization

State of Illinois, County of _____

Signed before me on _____ date by _____ (name of person)



Seal

_____ Signature of Notary Public

Attachments: Please provide copies of any and all of the following for this facility which exist at the time of filing this claim form.

- site investigation reports
- remediation objectives reports
- remedial action plans
- remedial action completion reports

Return this form (original and one copy) and any attachments to:

Illinois EPA
Mail Code 24
P.O. Box 19276
2520 West Iles Avenue
Springfield, Illinois 62794-9276

Questions or concerns? Please email EPA.DrycleanerFund@illinois.gov.