[LSRP LETTERHEAD]

[DATE]

[NAME AND ADDRESS OF HOLDER OF REMEDIATION TRUST FUND/LINE OF CREDIT]

RE: [NAME OF SITE]

**SRP and RFS** Program Interest #\_\_\_\_\_\_\_\_

ISRA Case E\_\_\_\_\_

Authorization for disbursement of funds from [REMEDIATION TRUST FUND or LINE OF CREDIT]

**[Account Number]**

Dear \_\_\_\_\_\_:

This is to advise you I am the Licensed Site Remediation Professional of record for this site. Pursuant to paragraph \_\_\_\_ of the [REMEDIATION TRUST FUND/LINE OF CREDIT], I am authorized to request that you disburse funds from the [REMEDIATION TRUST FUND/LINE OF CREDIT] referenced above to pay for the cost of remediation of the site pursuant to N.J.A.C. 7:26C-5.12(a).

Please disburse funds held in the [REMEDIATION TRUST FUND/LINE OF CREDIT] on behalf of [NAME OF CASE] as follows:

1. $\_\_\_\_\_\_ made payable to [ENTITY TO WHOM PAYMENT SHOULD BE MADE] and remitted to:

[NAME AND ADDRESS TO WHOM PAYMENT SHOULD BE REMITTED]

2. $\_\_\_\_\_\_ made payable to [ENTITY TO WHOM PAYMENT SHOULD BE MADE] and remitted to:

[NAME AND ADDRESS TO WHOM PAYMENT SHOULD BE REMITTED]

I certify that these costs represent actual remediation costs of the case which have been incurred or which will be incurred. I further certify that I have not made a request to use these funds in the past three months.

Sincerely, **Sincerely.**

Signature of LSRP **Signature of Person Responsible for Remediation**

### C: Attn: Remediation Funding Source Coordinator

New Jersey Department of Environmental Protection

Site Remediation and Waste Management Program

Remediation Funding Source Unit

Mail Code 401-06X

P.O. Box 420

401 East State Street

Trenton, NJ 08625-0420