



<b><u>OFFICE USE ONLY</u></b>
Claim No. _____

New Jersey Department of Environmental Protection  
 Environmental Claims Administration  
 401-06J PO Box 420 Trenton, NJ 08625-0420  
 P:(609) 984-2076 FAX: (609) 633-2360  
 Email: SRP\_SPILLFUND\_GQ@DEP.NJ.GOV

## **SPILL COMPENSATION FUND** **DAMAGE CLAIM**

The Department must conduct a complete review of the claim and supporting documentation before any decision regarding compensation is made.

### **I. CLAIMANT IDENTIFICATION INFORMATION**

1. Name of Claimant(s): \_\_\_\_\_  
 (Hereinafter referred to as "claimant" whether one or more.)
  
2. Claimant is:     individual         general partnership         unit of Federal government  
     limited partnership         unit of State government  
     corporation                         unit of local government
  
3. If the claimant is a partnership (general or limited), state the names and addresses of all general partners. If claimant is a corporation, list the names and addresses of all director and all officers and place of incorporation. (Attach additional sheet if necessary)

_____	_____
_____	_____
_____	_____

- 4a. Street address of claimant: \_\_\_\_\_
- 4b. Mailing address of claimant: \_\_\_\_\_
- 4c. Telephone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_
- 4d. Email Address: \_\_\_\_\_
5. Address/Location of Damaged Property: \_\_\_\_\_
6. Tax Block \_\_\_\_\_ Lot \_\_\_\_\_ Municipality \_\_\_\_\_ County: \_\_\_\_\_
7. Social Security Number: \_\_\_\_\_
8. If it is requested that notices be sent to a person other than claimant, state:  
 Name of Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Tele. No.: \_\_\_\_\_ Relationship to Claimant: \_\_\_\_\_
9. Have you ever filed a Spill Fund claim?     Yes     No    If Yes, state address of damaged property and Claim Number:  
 \_\_\_\_\_

**II. DISCHARGE AND DAMAGE STATEMENT**

10. The discharge in connection with this claim emanated from the following precise location:

Street Address : \_\_\_\_\_

Municipality : \_\_\_\_\_ County : \_\_\_\_\_

Date: \_\_\_\_\_, 19\_\_\_\_ Time: \_\_\_\_\_ o'clock \_\_M.

11. The person or entity believed to be responsible (if known) for the discharge is:

Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Damage to Real and/or Personal Property: ( ) Check if applicable. (Personal property may be defined as property subject to ownership which is not permanently attached to the land.) Claimant hereby claims to have suffered damages to real and/or personal property as follows:

a. Date(s) of damage: \_\_\_\_\_

b. Dates damages were discovered by you \_\_\_\_\_

c. Description of damage: \_\_\_\_\_

d. How did you discover damage: \_\_\_\_\_

e. Describe the facts regarding how the discharge caused damages to you:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

f.. Location of damaged personal property and/or real property at time the damage occurred:

Street Address : \_\_\_\_\_

Municipality : \_\_\_\_\_ Tax Lot : \_\_\_\_\_ Block: \_\_\_\_\_

g. Description of damaged property and predominant use of damaged property. State if the damaged property is vacant land:

Description: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Use: \_\_\_\_\_

h. Description of any action (and cost of the action) taken to repair, restore or replace damaged real property, including, without limitation, the following and the name and address of the person who has taken such action. (Provide 3 estimates)

\_\_\_\_\_

i. Are you claiming property value diminution? \_\_\_\_ Yes \_\_\_\_ No (If "no", skip I through L)

j. Original cost of damaged property: \_\_\_\_\_

k. Date property was acquired by claimant: \_\_\_\_\_  
(Attach copy of sales contract, certificate of title, bill of sale, etc., as evidence of ownership)

l. Estimation of total damage to property: \$ \_\_\_\_\_ .  
(The claimant shall submit all bills, invoices, receipts and other documentation in an orderly fashion.)

m. Name, address and qualifications of any person who prepared the estimates.  
\_\_\_\_\_  
\_\_\_\_\_

n. Place where property may be inspected: \_\_\_\_\_  
\_\_\_\_\_

13. Emergency Response:

If this claim is being filed by a local governmental unit, please indicate whether or not the claim relates to any emergency response action taken by the local unit. \_\_\_\_ Yes \_\_\_\_ No (If Yes, please forward the following)

- a. A copy of the Incident Report from the NJDEP Hotline 1-877-927-6337
- b. An affidavit stating that you obtained NJDEP approval before taking the emergency response, including the name of the NJDEP employee who gave the approval, the date of the approval and the form of the approval (i.e. telephone, mail, facsimile)

14. Loss of Income:

a. Total amount claimed: \$ \_\_\_\_\_

b. Period of time for which loss of income is claimed \_\_\_\_\_

c. If more than 12 months is involved, please specifically indicate how much is claimed for each calendar quarter commencing with the date of the discharge:  
\_\_\_\_\_  
\_\_\_\_\_

d. Please describe in detail the precise manner in which claimant has calculated the total loss of income  
\_\_\_\_\_  
\_\_\_\_\_

e. Is all income, sales and other accounting or financial information on the basis of which, in part or in whole, the claimant has claimed loss of income, available for inspection and audit? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, explain where information can be obtained. If No, explain why information is unavailable.  
\_\_\_\_\_  
\_\_\_\_\_

f. Has any income, sales and other accounting or financial information on the basis of which, in part or in whole, the claimant has claimed loss of income been audited? \_\_\_\_ Yes \_\_\_\_ No If yes, give name and address of auditor, date of audit and attach copies of relevant audited statements.  
\_\_\_\_\_

g. Specify the amount of lost income which is derived, exclusive of other sources of income, from activities related to the particular real or personal property damaged by such discharge during the  
\_\_\_\_\_  
\_\_\_\_\_

15. Loss of Tax Revenue: ( ) Check here if claimant claims to have suffered a loss of tax revenue.

a. Total amount claimed: \$\_\_\_\_\_ .

b. Period of time for which loss of tax revenue is claimed:\_\_\_\_\_

c. Please describe in detail the precise manner in which claimant has calculated the total loss of tax revenue :

\_\_\_\_\_  
\_\_\_\_\_

d. Is all financial information on the basis of which, in part or in whole, the claimant has claimed loss of tax revenue, available for inspection and audit? \_\_\_\_ Yes \_\_\_\_ No (If Yes, explain where information can be obtained. If No, explain why information is unavailable.

\_\_\_\_\_  
\_\_\_\_\_

e. Has any financial information on the basis of which, in part or in whole, the claimant has claimed loss of tax revenue been audited? \_\_\_\_ Yes \_\_\_\_ No

If Yes, give name and address of auditor, date of audit and attach copies of relevant audited statements:

\_\_\_\_\_  
\_\_\_\_\_

16. Submit supporting documentation which indicates the date when it was discovered that the taxing entity (Town, County, State, etc.) would lower the taxes, the appeals (if any) by affected residents from original (higher) assessments which indicates that the reduction was not initiated or encouraged by the taxing entity and all other documentation regarding the tax loss.

**III. RESPONSIBLE PARTY INFORMATION**

17. Please describe in detail the basis upon which you believe that the person or entity listed above in Question No. 10 is responsible for any damage or loss of income you claim to have suffered. Also indicate, if known, whether each such person or entity is an individual, general partnership, limited partnership, corporation or governmental entity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. State the names and addresses of witnesses or other persons having relevant knowledge of the discharge:

\_\_\_\_\_  
\_\_\_\_\_

19. Has the person or entity listed in Question No. 10 admitted responsibility for the discharge or threatened discharge from which the claim arose, or liability for the amount of damages for which the claim is being made in connection with which this claim is filed? \_\_\_ Yes \_\_\_ No If Yes, please indicate when, where, by whom and if in writing.

\_\_\_\_\_  
\_\_\_\_\_

20. Has the person or entity listed in Question 10 admitted liability for the amount of damages and loss of income for which this claim is filed? \_\_\_ Yes \_\_\_ No If Yes, indicate when, where by whom and if in writing.

\_\_\_\_\_  
\_\_\_\_\_

21. State the names of any public agencies (local, county, state or federal, including police) and the people involved who have investigated the discharge or damages.

\_\_\_\_\_  
\_\_\_\_\_

**IV. INSURANCE / OTHER CLAIMS**

22. Is claimant covered by any policies of insurance which insure the real or personal property or loss of income or tax revenue for which this claim is filed? \_\_\_ Yes \_\_\_ No If Yes, provide copies of any correspondence between the insurance carrier and yourself or your representatives concerning the discharge or threatened discharge.

a. Name of Insurance Company: \_\_\_\_\_

b. Address of Insurance Company: \_\_\_\_\_

c. Policy Number(s): \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

23. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice? \_\_\_ Yes \_\_\_ No If "Yes", set forth the names and addresses of all persons and insurance companies against whom you have made such claims:

\_\_\_\_\_  
\_\_\_\_\_

24. Have you filed a lawsuit against anyone? \_\_\_ Yes \_\_\_ No If "Yes", attach copy of complaint.

Give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

25. Have you applied for, received or agreed to receive any money from anyone including, but not limited to, a state loan or grant from the Economic Development Authority or a water supply loan from the DEP for the damages claimed herein? \_\_\_ Yes \_\_\_ No If "Yes", set forth the details:

\_\_\_\_\_  
\_\_\_\_\_

26. Is there any other information that you believe to be pertinent to the merits of this claim?

\_\_\_\_\_  
\_\_\_\_\_

27. State in writing the specific reasons why your claim should be accorded priority:

\_\_\_\_\_

I, the undersigned claimant, hereby claim to have actually incurred damages, as defined in N.J.A.C. 7:1J-1.4, I have not received compensation, in part or in whole, from any other source for such damages and I am not a potentially responsible party in connection with the discharge, which is the subject of the claim.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, and that to the best of my knowledge, after diligent investigation including inquiry of those individuals immediately responsible for obtaining the information, the information contained in this claim is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including fines and/or imprisonment for submitting false information.

I state that the damage claims set forth herein represent all known damage to claimant arising out of the incident and I understand that pursuant to PL 1976, c.141, damage claims omitted from this claim are deemed waived.

Signed at \_\_\_\_\_ (Municipality), \_\_\_\_\_ (State),

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Claimant(s)

**Sworn to and subscribed before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Notary Public or Attorney at Law**

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

**\*Claims should be submitted by Certified Mail Return, Receipt Requested or by other means which provides a receipt of mailing and the date of delivery.**