MAILING ADDRESS:
STATE WATER RESOURCES CONTROL
DIVISION OF FINANCIAL ASSISTANCE
UST CLEANUP FUND
P.O. BOX 944212
SACRAMENTO, CA 94244-2120

PHYSICAL ADDRESS:
STATE WATER RESOURCES CONTROL
DIVISION OF FINANCIAL ASSISTANCE
UST CLEANUP FUND
1001 I STREET
SACRAMENTO, CA 95814

POWER OF ATTORNEY
FOR A CLAIM TO
THE UNDERGROUND STORAGE TANK CLEANUP FUND

I, _____
[Claimant's name and address. If claimant is a corporation, include the name, address, and title of officer who is acting.]
_____,

appoint _____
[Name and address of the person appointed, or of each person appointed if you wish to appoint more than one.]
_____

as my agent (attorney-in-fact) to act for me in any lawful way by signing, submitting, or receiving all documents necessary to file my claim number _____ to the Underground Storage Tank Cleanup Fund for reimbursement of costs related to the petroleum release at

_____.
[Site address]

This power of attorney is effective immediately and will continue until it is revoked, unless I direct otherwise on the line below.

_____

If I have designated more than one agent, the agents are to act _____.
(*If you appointed more than one agent and you want each agent to be able to act alone without the other agent joining, write the word "*separately*" in the blank space above. If you do not insert any word in the blank space, or if you insert the word "*jointly*", then all of your agents must act or sign together.*)

This power of attorney is governed by the Power of Attorney Law, California Probate Code section 4000 et seq.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this _____ day of _____, 20____.

_____
[Claimant's signature]

_____
[Claimant's social security number or tax identification number]

State of _____ County of _____

The claimant must attach a certificate of acknowledgement of notary public in compliance with Section 1189 of the Civil Code or other applicable law.

By accepting or acting under the appointment, the agent assumes the fiduciary and other legal responsibilities of an agent.

_____
[Signature of attorney-in-fact] [Phone number]