

Assignment Contract

Leaking Petroleum Storage Tank (LPST) ID Number _____

Facility Address _____

City _____, County _____, Texas

The undersigned represents that they have complied with all applicable requirements of statute and agency rules, including 30 TAC, 334.302, necessary to qualify for reimbursement from the PST Remediation Account for corrective action activities performed at this LPST site.

As owner or operator of this LPST site, this contract with effective date _____, has been executed for the purpose of authorizing the Texas Commission on Environmental Quality (TCEQ) to pay any eligible funds from the Account directly to my assignee:

Assignee Name: _____

Address: _____

Phone: _____, Fax: _____

Also as owner or operator I acknowledge and agree to the following concerning the assignee and TCEQ:

1. I agree that my assignee may have access to all documents necessary to substantiate any claim for reimbursement and to monitor compliance with applicable law and agency rules.
2. I agree to cooperate fully in all respects with both my assignee and the TCEQ to assure continuing access to the PST Remediation Account and to assure compliance with applicable statute and agency rules.
3. By appointing the party named above to receive payment on my behalf, I direct the TCEQ to pay that party and no one else.
4. I shall not change the designation or add to the list of people to be paid without submitting a new assignment contract to TCEQ .
5. The TCEQ will not be held responsible if the person named above fails to pay other parties who are owed for corrective action expenses at this site.
6. I waive any cause of action against the TCEQ or right to make a claim against the TCEQ for failure to pay monies to any person for the expense of corrective action performed in response to the release of petroleum products covered by this agreement, except for the person designated to receive payment.

Owner/Operator

Typed or Printed Name

Date

Subscribed and sworn to before me the undersigned authority on this _____ day of _____, 20 __, to certify which witness my hand and seal.

Notary Public in and for the State of _____

My commission expires the _____ day of _____, 20__

Assignee

Typed or Printed Name

Date

Subscribed and sworn to before me the undersigned authority on this _____ day of _____, 20 __, to certify which witness my hand and seal.

Notary Public in and for the State of _____

My commission expires the _____ day of _____, 20__