

To prevent a delay in processing your reimbursement application, please verify that each responsible person submitting an application has enclosed the following:

- ❑ Completed Application Cover Sheet
- ❑ Completed Substitute W-9 Form
- ❑ Completed Multiple Responsible Person Form
- ❑ Completed Insurance Information Form and a letter from the insurer
- ❑ Map and a legal description of the discharge site and any spills that originated from the discharge site
- ❑ Completed Total Reimbursement Costs Form
- ❑ Linking spreadsheet. Both paper and electronic
- ❑ Coded invoices with proof of payment attached
- ❑ Summary of estimates and accepted & rejected bids for each Service

When complete, the reimbursement application should be mailed to:

ACCP  
DATCP  
PO BOX 8911  
MADISON WI 53708-8911