Verification of Costs for Disbursement from Financial Mechanism

This form is to be used to verify closure or postclosure maintenance costs prior to disbursement as required by 27 CCR 22234(a). FAS shall prepare the top part of the form and Closure shall complete the remainder of the form and return it to FAS within 15 days of receipt.

Date Requested: _____ Due Date: _____

SWIS Number: _____

Facility Name: _____

Amount of Cost: $_____

FAS Contact: _____

Verification for: (Check one or more as appropriate and Complete Part I below)
☐ Disbursement for Closure Costs
☐ Disbursement for Postclosure Costs
☐ Release of Excess Funds for Closure or Postclosure
☐ Reduction in Funding for Closure or Postclosure

Part I
This part is to be completed by Closure for all verifications. If the date of the cost estimate(s) differs from the date of the plan, please detail and comment below. Either "A" or "B" or both must be completed.

A. 1. Approved Closure Cost Estimate $ _____
   2. Date Approved: _____

B. 1. Approved PostClosure Cost Estimate $_____
   2. Date Approved: _____

Part II
This part is to be completed by Closure only for verifications for disbursements (1st two boxes above). Please check the appropriate box and insert correct date.
☐ The amount, schedule and purpose of costs identified by the operator are consistent with the currently approved final closure or postclosure maintenance plan dated _____.
☐ The amount, schedule and purpose of costs identified by the operator are not consistent with the currently approved final closure or postclosure maintenance plan dated _____, or there is no approved final plan.

Comments: _____

_____ _____
Signature of Person Making Verification Date of Verification