

**Maryland Department of the Environment**  
**1800 Washington Boulevard, Suite 650 • Baltimore MD 21230-1719**  
 (410) 537-3676 • 1-800-633-6101 extension 3676 (within Maryland) • <http://www.mde.maryland.gov>

**RESIDENTIAL HEATING OIL TANK SITE CLEANUP REIMBURSEMENT PROGRAM**  
**FORM**

(To be used for reimbursement eligible under COMAR 26.10.14.05.C)

(For Office Use Only)  RHO# _____		Applicant's Name:			
		Mailing Address City/State/Zip			
		Phone Number			
		Social Security # (Required for reimbursement)			
		Email Address			
		INVOICE INFORMATION			
Vendor Name	Date Activity Completed	Invoice Date	Invoice #	Total Amount of Invoice	* Copy of Cancelled Check or Proof of Payment Attached? <i>(check one)</i>
					YES                      NO
1.					
2.					
3.					
4.					
5.					
6.					
7.					
<b>Subtotal of Invoices</b>					<b>** Proof of Payment          "MUST" be received          before reimbursement is          issued. **</b>
<b>Deductible (If not already met)</b>					
<b>-\$500.00 (ONE TIME ONLY)</b>					
<b>Total Reimbursement Request</b>					

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**Notice: Collection of Personal Records – State Government Article § 10-624**

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment (“MDE”) is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE’s website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

**WILL MORE INVOICES BE SUBMITTED AGAINST THIS SITE? (PLEASE CHECK WHICH APPLIES)**

YES (Money allocated for this site will remain available)

NO (Money for this site will be re-allocated and reimbursement will be closed)

I hereby certify all expenditures listed hereon are true and correct (All expenditures may be audited by the Department as required by COMAR 26.10.14.11).

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPLICANT TO COMPLETE ALL HIGHLIGHTED AREAS**

**For questions regarding this form, please email [caprice.mclaughlin1@maryland.gov](mailto:caprice.mclaughlin1@maryland.gov) or [diana.williams1@maryland.gov](mailto:diana.williams1@maryland.gov)**