



**Minnesota Pollution Control Agency**

520 Lafayette Road  
St. Paul, MN 55155-4194

# Application for Compensation for Property Damage

## Harmful Substance Compensation Program

Superfund Program

Doc Type:

Return form to: Superfund Program  
Minnesota Pollution Control Agency  
520 Lafayette Road North  
St. Paul, Minnesota 55155-4194

**Instructions:** Please print and use ink for your answers and attached extra sheets as needed.

### Applicant

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex:  Male  Female Telephone Number: \_\_\_\_\_

Address where property damage occurred:  Same as above County: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Property Information (where damage occurred)

Purchased the property on (date): \_\_\_\_\_ If not current owner, sold property on (date): \_\_\_\_\_

First date of occupancy on (date): \_\_\_\_\_ If not current owner, sold property on (date): \_\_\_\_\_

### Eligible Property Damage (check all boxes for which you seek compensation)

- 1. Contamination of drinking water at owner-occupied residence
- 2. Lowered sales price of residence with contamination
- 3. Losses due to inability to sell residence with contamination

List harmful substances on the property: \_\_\_\_\_

Where were they found? \_\_\_\_\_

What was the source of the substance? \_\_\_\_\_

When was the damage discovered? (Date) \_\_\_\_\_

**If you checked No. 1 above, please answer the following:**

Who told you your water was contaminated? (attach notices) \_\_\_\_\_

What did you do to get an uncontaminated water supply? \_\_\_\_\_

**If you checked No. 2 and 3 above, please answer the following:**

What was the appraised value of the home before the contamination? (attach appraisal or tax statements) \_\_\_\_\_

What is the name of your real estate agent? Agent Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What was the sales price of your home? (attach copy of settlement agreement) \_\_\_\_\_ Date: \_\_\_\_\_

Why did you need to sell your home? (attach statement if more space is needed) \_\_\_\_\_

**Compensation**

What amount of compensation are you seeking? \_\_\_\_\_

When and how did you determine this amount? (attach all dated receipts and/or invoices) \_\_\_\_\_

Have you received any compensation for this damage from another source?  Yes  No

If yes, list names and amounts. \_\_\_\_\_  
\_\_\_\_\_

Is this damage covered under your property insurance policy?  Yes  No

Have you tried to recover your loss from the person responsible for the release of the harmful substance?  Yes  No

Name of claimant's representative (e.g., lawyer, guardian, etc.) \_\_\_\_\_

Phone number: \_\_\_\_\_

**About the data supplied on this form:** Data collected by the Minnesota Pollution Control Agency (MPCA) will be used by the MPCA to determine proper compensation, and will be used to report to the Legislature under Minn. Stat. Section 115B.28, on numbers and types of cases, amounts of compensation, types of injuries or damages and their relationship to harmful substance exposure. The data submitted on this application are public data. Submission of the data is not legally required, but failure to supply the data requested on the form may result in dismissal of the claim by the MPCA. Disclosure of the Social Security number is voluntary. It is requested to help distinguish applicants and to ease processing. In the event of an award, it may be required for payment.

**Certification**

I certify that all statements in this application are true and complete to the best of my knowledge:

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

State: \_\_\_\_\_ County: \_\_\_\_\_

Commission expires: \_\_\_\_\_