ECOLOGO-BW.wmf**Application for Relief from**

**Order for Reimbursement of Expenses**

**Instructions**

1. **Complete the Application for Relief (AFR)**

To ask the Department of Ecology (Ecology) to reconsider the Order for Reimbursement of Expenses (ORE), please fill out the AFR. In Part II, provide information that demonstrates the amount invoiced in the ORE is not just and fair under all the circumstances.

1. **Submit the completed AFR to Ecology**:

Deliver the AFR form by fax, mail or in person to Ecology within 30 days after you receive the ORE.

**What happens next?**

Ecology will review the AFR.

* We will determine whether the information you provided demonstrates the amount invoiced in the ORE is not just and fair under all of the circumstances.
* We may seek further information while considering your request to cancel or reduce the amount assessed by the ORE.

Ecology will issue a Notice of Disposition that includes:

* The decision on your AFR (affirmed, reduced or rescinded).
* Instructions for responding.

**ADDRESS AND LOCATION INFORMATION**

|  |  |
| --- | --- |
| **Street Address** | **Mailing Address** |
| **Department of Ecology**  Attn: Appeals Processing Desk  300 Desmond Drive SE  Lacey, WA 98503 | **Department of Ecology**  Attn: Appeals Processing Desk  PO Box 47608  Olympia, WA 98504-7608 |
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**ECY 070-375 Revised: March 2012**

*If you need this publication in an alternate format, call the Spills Program at 360-407-7455. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.*

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**Part 1 – General Information**

Note: **ORE** means Order for Reimbursement of Expenses

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ORE Docket #: | |  | | | Invoice amount: | |  | |
| Site/Incident Location: | |  | | | | | | |
| Contact Name: | |  | | | | | | |
| Business Name: | |  | | | | | | |
| Mailing Address: | |  | | | | | | |
| City: |  | | State: |  | | Zip Code: | |  |
| Phone (1): | ( ) | | Fax: | ( ) | | | | |
| Phone (2): | ( ) | | Email: |  | | | | |

**Part 2 – Reason(s) FOR This Request**

Provide the information you want Ecology to consider in determining whether the ORE is **just and fair under all of the circumstances**. Please use additional pages if needed. You may also attach any documentation that supports the information you are providing.

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*I certify that the reason(s) given in this application for relief are true and complete statements of fact. I understand that Ecology will rely on the information I provide in this application for relief and that it is a gross misdemeanor to knowingly make a false or misleading material statement to a public servant. RCW 9A.76.175 http://app.leg.wa.gov/RCW/default.aspx?cite=9A.76.175*

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Signature Print Name

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Title Date