Cost Recovery Referral Checklist

Revised 6/09

Date: 04/19/2013

Reason for referral (please mark those that apply):
X RP is claiming financial hardship
__ Petrofund money has been spent
__ RP is deceased and state funds have/have not been spent
__ RP has filed bankruptcy and state funds have/have not been spent
__ RP unknown
__ Other (explain):

PLEASE FILL IN THE APPLICABLE INFORMATION BELOW.

PM/PL:
Leak site number: 18925

Leak site name: Former Food-n-Fuel

Leak site address: 4020 233rd Ave NW, St. Francis, Anoka County 55070

Leak site phone number: NA

RP is: __ An INDIVIDUAL X A CORPORATION

RP name(s): MDW Equity LLC

RP address(es): 2760 N University Dr, Hollywood, FL 33024

RP phone number(s): 954-499-8663 ext. 236

If RP is a CORPORATION: Contact name: Sara L. Vinas

Contact address: 2760 N University Drive, Hollywood, FL 33042

Contact phone number: 954-499-8663 ext. 236

Have state funds been spent on the site? Yes **No** If yes, how much? _____

Will additional state funds be spent? **Yes** No If yes, what is the best estimate of amount to be spent? $25,000 for a Limited Site Investigation

What is the MPCA's recommendation for percent reduction in reimbursement (not including the 10%)?

At this point, no additional reduction unless tank compliance issues come into play, which they might.

If known, does RP own leak site property? **Yes** No

PLEASE INCLUDE THE FOLLOWING DOCUMENTS. IF THEY ARE NOT APPLICABLE MARK "N/A".

Bankruptcy information (i.e. correspondence, notices, letters, etc.) X N/A

Probate/Estate information (i.e. Demand for Notice, Written Statement of Claim, etc.) X N/A

Correspondence with RP or attorneys regarding cost recovery and/or financial hardship X N/A

Copy of Demand Letters from the file X N/A

Copy of signed Settlement Agreement X N/A

Work Orders summaries (from TALES Work Order tab) X N/A

Certification of Costs, if money spent (Michelle drafts Don signs) X N/A

Other information to help Commerce recover costs X N/A