

**Muskingum County Local Emergency Planning Committee**

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**ZANESVILLE/MUSKINGUM COUNTY**

**“COST RECOVERY NOTICE”**

WE THE UNDERSIGNED HAVE BEEN ADVISED OF THE O.R.C. 3745.13 THAT PERTAINS TO THE MANAGEMENT AND LIABILITY OF COST INCURRED FOR HANDLING AN UNAUTHORIZED SPILL, RELEASE, OR DISCHARGE OF ANY PRODUCTS OR MATERIALS THAT ARE OR MAY BE DEEMED A HAZARDOUS MATERIAL.

COMPANY / AGENT / DEPARTMENT / INDIVIDUAL OF RESPONSIBILITY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OTHER PERSONNEL \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CLAIM # \_\_\_\_\_

Agent's Name \_\_\_\_\_

\_\_\_\_\_  
NAME - OFFICIAL - COMPANY REP.                      DATE                      TIME

\_\_\_\_ - **Check Here If NO Company Official Available To Sign**

\_\_\_\_\_  
WITNESS                                                              DATE                      TIME

THESE COSTS SHALL INCLUDE BUT NOT BE LIMITED TO, SUPPLIES, EQUIPMENT, MANPOWER, VEHICLES, OTHER RESOURCES AS NEEDED TO RESOLVE THIS INCIDENT, AND ADMINSTRATIVE COSTS.