

**State Water Resources Control Board  
Underground Storage Tank Cleanup Fund  
REQUEST FOR EXTENSION TO SUBMIT REIMBURSEMENT REQUEST (RR)**

SWRCB 169 (Rev. 09/2021)

<b>A</b>	<p><b>Claim Number:</b> _____ <b>Site Address:</b> _____</p> <p><b>Claimant Name:</b> _____ <b>Claimant Email:</b> _____</p> <p><b>Joint Claimant Name:</b> _____ <b>Joint Claimant Email:</b> _____</p>
<b>B</b>	<p><b>Date LOC was issued:</b> _____</p> <p><b>Is the UST case closed?</b>    <b>Yes</b>        <b>No</b>        <b>If Yes, Date UST Case Closed:</b> _____</p>
<b>C</b>	<p><b>Length of time requested for extension:</b></p> <p style="padding-left: 40px;"> <input type="checkbox"/> Requesting extension to submit first Reimbursement Request                <input type="checkbox"/> Requesting extension to submit final Reimbursement Request       </p> <p><b>Why are you requesting an Extension? (Check all that apply.)</b></p> <p style="padding-left: 80px;"> <input type="checkbox"/> GeoTracker ESI access/upload issue  <input type="checkbox"/> Ongoing Legal/Settlement Issue  <input type="checkbox"/> Unable to locate invoices, proof of payment (POP), or supporting documents (Please specify which invoice and/or back up document are missing in the space below)  <input type="checkbox"/> Other (Please explain below)       </p> <p><b>Please Explain:</b> _____</p>
<b>D</b>	<p><b>Claimant/Joint Claimant:</b> I, the undersigned, certify under penalty of perjury that I am the claimant/joint claimant for the above-mentioned claim and that all statements, answers, and supplementary attachments made in this request are true and correct to the best of my knowledge. I also understand that failure to fully, and accurately, disclose information or to provide supporting documentation will constitute grounds for denying my request for extension. I understand, that if an extension is granted, no additional extensions will be granted.</p> <p><b>Print Claimant Name</b> _____ <b>Claimant Signature and Date</b> _____</p> <p><b>Print Joint Claimant Name</b> _____ <b>Joint Claimant Signature and Date</b> _____</p>
<b>E</b>	<p><b><u>STATE USE ONLY</u></b></p> <p><b>UST Case Closure Date:</b> _____</p> <p><b>Date LOC Issued:</b> _____</p> <p><b>Staff Decision:</b></p> <p style="padding-left: 40px;"> <input type="checkbox"/> <b>Approved</b>    <b>Date Approved:</b> _____        <b>New RR Deadline:</b> _____  <input type="checkbox"/> <b>Denied</b>        <b>Date Denied:</b> _____  <b>Staff Initials:</b> _____       </p>

**State Water Resources Control Board**  
**Underground Storage Tank Cleanup Fund**  
**REQUEST FOR EXTENSION TO SUBMIT REIMBURSEMENT REQUEST (RR)**

The Request for Extension to Submit RR Form (Request for Extension Form) is available for claimants to use when requesting an extension to submit their RR. Claimants may not submit a Request for Extension Form any earlier than **two months** before the claim's RR deadline date. If a claimant does not submit their RR by the specified date, then Fund staff will close the claim. Once Fund staff closes a claim, the claimant must submit the Request to Reopen Form, which Fund staff evaluate on a case-by-case basis. Claimants may submit a Request for Extension Form for the reasons below.

- First RR submission to the Fund: Claimants must submit their first RR to the Fund within 365-days from issuance of a Letters of Commitment (LOC).
- Final RR submission to the Fund: Claimants must submit their final costs to the Fund within 365-days from issuance of a Uniform Closure Letter (UCL) by the regulatory agency, which signifies closure of the UST case. (Health and Safety Code section 25299.57, subdivision (I).)
- RR submission to the Fund in response to a Claim Closure Letter: Claimants must submit an RR to the Fund within 30 days of the Fund's Claim Closure Letter notifying the claimant of claim closure.

Below are the instructions for completing the Request for Extension Form.

1. **Section A (Claimant Information)** – Provide the claim number, the contaminated site address, claimant name, claimant email, and joint claimant information (if applicable). **(Please list the claimant's name exactly as it is listed on the claim.)**
2. **Section B (LOC and UST Case Information)** – Provide the LOC issuance date and indicate whether the UST case is closed. If yes, provide the UST case closure date.
3. **Section C (Extension Request)** – Provide the length of time (in months) that you are requesting to extend the RR deadline. Check the box to indicate if this is the first or final RR extension request. Check all boxes of reasons that apply to your extension request and complete an explanation of your reasoning for the RR deadline extension. A thorough answer to this question will allow Fund staff to evaluate your request and provide you with a complete and timely response. Attach additional paper, if needed.
4. **Section D (Claimant/Joint Claimant Signature)** – All claimants and joint claimants, if applicable, must sign and date the Request for Extension Form.  
The Request for Extension Form does not require a wet signature. Claimants can upload the Request for Extension Form to GeoTracker or email it to [ustcleanupfund@waterboards.ca.gov](mailto:ustcleanupfund@waterboards.ca.gov). For assistance on uploading CUF Documents into GeoTracker, review the [instructions for uploading](#).
5. **Section E (State Use Only)** – Do not write in this area. This area is for use by Fund staff only.