

Table 2

Cost Recovery Summary

**Note: This "Cost Recovery Summary" must accompany each request for reimbursement.
You Must Fill Out Each Section Of This Form.**

Name and Title of Source Contacted	Date(s) Contacted	Brief Summary of Response	Details Attached
Attempts to Recover Costs from Potentially Responsible Parties (Including PRP Insurance) -----			
Attempts to Recover Costs from State Funding Sources -----			
Attempts to Recover Costs from Local Government Insurance -----			