



Heating Oil Insurance Program Interim Project Payment Form

Registration Number: _____

I. Owner and Contact Information

Owner Name: _____ Phone: _____

Mailing Address: _____
Street City Zip Code

Contact Name (if different from owner): _____ Phone: _____

Mailing Address: _____
Street City Zip Code

II. Site Information

Site Address: _____
Street City Zip Code

III. Description of Work Completed and Remaining

Describe work completed to date. Attach supporting documentation, if needed.

Describe timeline of the remaining work and how it relates to site closure under the substantive requirements of the state clean up regulations (Chapter 173-340 WAC, Model Toxics Control Act).

The project will be complete by: _____

IV. Payment

Payments are made thirty (30) days after PLIA receives this form and attached supporting documentation. Interim payment amounts may not exceed total project costs approved in the Scope of Work.



Washington State Pollution Liability Insurance Agency

P.O. Box 40930, Olympia, WA 98504 • (800) 822-3905 • www.plia.wa.gov • @PLIAWA

This form must correspond with the approved Scope of Work and any approved Change Orders. An itemized invoice or detailed list of all costs incurred must be included before payments are made. Attach receipts and supporting project photos.

NOTE: *Payment may be delayed or denied if supporting documentation (e.g., receipts, photos, plan for closure, etc.) is not submitted with this form or if work completed does not correspond with the approved Scope of Work.*

PLIA Approved Total Project Costs: \$ _____

Interim Project Payment Requested: \$ _____

Previous Payments: (\$ _____)

Remaining Estimated Project Costs: \$ _____

Service Provider certifies that all records supporting the information provided in this request are attached or on file with PLIA. Records will be made available to the owner upon request.

Service Provider Name: _____

Signature: _____ Date: _____

Owner acknowledges and accepts the completed work on this project to date.

Owner Name: _____

Signature: _____ Date: _____