

**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.**

<b>Name and Title of Source Contacted</b>	<b>Date(s) Contacted</b>	<b>Brief Summary of Response</b>	<b>Details Attached</b>
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 -----			