REQUEST FORM FOR WORLD TRADE CENTER INDOOR DUST CLEANING PROGRAM

Name of Authorized Building Representative

Address

New York, New York _____

Telephone Number:

REQUEST

As authorized representative for the Building, I have read the fact sheets (*Cleaning and Testing Fact Sheet, Common Area and HVAC)* on the World Trade Center Indoor Dust Cleaning Program ("Program") and considered the information provided to me by the U.S. Environmental Protection Agency ("EPA"). Having considered the cleaning and monitoring offered, the Building would like to participate in the following cleaning and monitoring alternatives under the Program.

Initial one of the following:

I request dust cleaning of the Building identified above and monitoring after the cleaning.

OR

I request monitoring of the Building.

AGREEMENT

I consent to employees, authorized representatives and contractors of the EPA and and contractors of the New York City Department of Environmental Protection ("NYCDEP") having access to the Building and the personal property in the Building, for as long as necessary to conduct dust cleaning and monitoring activities. I understand that these activities are to be performed in accordance with the roles of EPA and NYCDEP under the Federal Response Plan and the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5121 et seq.

I agree to inform the Project Monitor at the scheduling meeting of any building rules that are applicable to the Program, including, for example, time restrictions, appropriate entrances to the building, and elevator usage. I agree to notify the Project Monitor as early as possible, but no later than **three business days**, before the scheduled date for the work in the Building, if it is necessary to cancel the date for the cleaning and monitoring activities.

I understand that the cleaning and monitoring will be performed by contractors retained by NYCDEP. I also understand that the contractors performing cleaning and monitoring activities are required to maintain insurance coverage for commercial general liability, workers compensation and environmental impairment liability related to this work, and that they are also bonded to cover loss by theft or destruction of property. The contractors are required to maintain such insurance at all times that they are conducting cleaning and monitoring activities in the Building.

I understand that the Program activities will require access, among other things, to the common areas and heating, ventilation and air condition systems ("HVAC"), the interior spaces, storage areas, elevators, and furnishings such as carpeting and upholstered furniture in the common areas of the Building, and use of the Building's electricity and water. Cleaning activities will be performed, as necessary, throughout the entire Building and for the HVAC system.

I understand that the Program will employ various methods of dust removal from all surfaces, including, but not limited to, vacuuming, steam cleaning and wet wiping.

I understand that I, or my authorized representative, may be present and observe the Scope A cleaning and monitoring activities being performed in the Building.

I agree that insurance payments and/or any other compensation which was received for the Building, or will be received in the future, for activities covered by the Program for the Building, and which has not been spent for such purposes, will be paid to the NYCDEP. Instructions for such reimbursement will be provided upon request to EPA.

SAMPLING RESULTS

I understand that at the conclusion of the investigation, EPA will provide the undersigned with the results of the monitoring of the Building. Monitoring data in EPA's data base for the Program will be made available to the public, but the identity of the participants will be kept confidential.

AUTHORIZED SIGNATURE

I certify that I am authorized to make this request for the Building.

_____ _____

Signature Date

_____

Name and Title (PRINT)