

Attachment B
TCEQ Dry Cleaner Remediation Program
Remaining Deductible Payment Submittal Form

If the \$5,000 deductible for an Application for Ranking has not been met, please use this form to submit the remaining balance.

- Complete items 2 through 7 below:
- Staple your check in the space provided at the bottom of this document.
- Send a copy of this form with your Application for Ranking.
- Send this form and your check to:

BY REGULAR U.S. MAIL	BY OVERNIGHT/EXPRESS MAIL
Texas Commission on Environmental Quality Financial Administration Division Cashier's Office, MC-214 P.O. Box 13088 Austin, TX 78711-3088	Texas Commission on Environmental Quality Financial Administration Division Cashier's Office, MC-214 12100 Park 35 Circle Austin, TX 78753
1. Fee Code:	Dry Cleaner Deductible (DCD)
2. Check / Money Order No:	
3. Amount of Check/Money Order:	
4. Date of Check or Money Order:	
5. Name on Check or Money Order:	
6. Applicant Name : Address:	_____

Customer Number:	CN: _____
7. Dry Cleaner Facility Name: Location:	_____

Regulated Entity Number:	RN: _____
To confirm receipt of payment, call the TCEQ Cashier's office at 512/239- 0357 or 239-0187 with the above information.	

**Staple Check or Money Order
In This Space**