(Signature)

(Typed or Printed Name)

Property Access Authorization for Investigation of Disposal Site

I hereby authorize the California Department of Resources Recycling and Recovery (CalRecycle) staff, their designated contractors and representatives, and other affected State and local authorities access to:

(Name of Site, Address, and Assessor Parcel Number)

The purpose for	access	is to conduct	a site inve	estigation to	include the
following tasks:	(brief	description (of tasks t	o be accon	nplished)

The CalRecycle shall cause the CalRecycle Contractor to include the property

owners as additional named insured by endorsement to the Contractor's commercial general liability insurance policy to insure the property owners against claims, losses and damages including, without limitation, personal injury, workers compensation, and real property damage provisions per insurance requirements in State of California Standard Specifications to the extent permitted by law. This investigation is authorized by Public Resources Code (PRC) Sections 44100 and 45013, and 14 California Code of Regulations (CCR) Sections 18083-18084, which requires local enforcement agencies to investigate, inspect and enforce state minimum standards at closed, illegal and abandoned disposal sites. This authorization shall begin on (Date)_____ and shall expire on (Date)____, unless extended in writing. I have been advised that since I am the property owner, if based on the investigation the (name and county of LEA) determines that measures need to be taken to bring the site into compliance with state minimum standards, the local enforcement Agency may consider me responsible for implementing such remediation measures at the property. Nevertheless, I understand that signing this authorization is not an admission of any liability or responsibility for cleanup or other remediation of the property. I certify that I am the legal owner or authorized agent of the legal owner of the above property and have authority to grant such access.

(Date)