

**LIMITED POWER OF ATTORNEY FOR
SIGNATURE DELEGATION
For Claim Reimbursement Applications, Cost Pre-Approval Applications, Certification
Affidavits, and Direct Payment Authorizations**

I, _____ of _____
(Responsible Person) located at _____
hereby appoint _____, as the Responsible Person's Attorney-
in-Fact to act for the Responsible Person in any lawful way with respect to the following:

To discuss, sign, execute and deliver any and all documents, reports, forms and similar items as requested by the Petroleum Underground Storage Tank Release Compensation Board (Petroleum Board) related to Claim Reimbursement Applications, Cost Pre-Approval Applications, Certification Affidavits, and if the Responsible Person has authorized a direct payment to the Attorney-in-Fact and the executive director of the Petroleum Board has approved the direct payment to the Attorney-in-Fact, Direct Payment Authorizations on behalf of the Responsible Person with respect to Claim/Release Number(s) _____
for the Site located at _____.

Choice of Law. THIS LIMITED POWER OF ATTORNEY FOR SIGNATURE DELEGATION IS EFFECTIVE ONLY FOR CLAIM REIMBURSEMENT APPLICATIONS, COST PRE-APPROVAL APPLICATIONS, CERTIFICATION AFFIDAVITS, AND DIRECT PAYMENT AUTHORIZATIONS REQUIRED TO BE SUBMITTED TO THE PETROLEUM BOARD AND **DOES NOT GRANT STANDING TO THE ATTORNEY-IN-FACT TO APPEAL ANY ORDER OR DETERMINATION OF THE DIRECTOR OF THE FINANCIAL ASSURANCE FUND.** THIS LIMITED POWER OF ATTORNEY FOR SIGNATURE DELEGATION SHALL BE GOVERNED BY THE LAWS OF THE STATE OF OHIO WITHOUT REGARD FOR CONFLICTS OF LAWS AND PRINCIPLES AND IS INTENDED TO BE VALID IN ALL JURISDICTIONS OF THE UNITED STATES OF AMERICA.

The Responsible Person and the Attorney-in-Fact are fully informed as to all contents of this form and understand the full impact of this grant of powers to the Attorney-in-Fact and by executing this form hereby agree to abide by its terms, conditions, and limitations.

Revocation of the Limited Power of Attorney is effective on the date the Petroleum Board receives written notification that the Responsible Person has revoked this Limited Power of Attorney. The Responsible Person agrees to indemnify the Petroleum Board of any claims which may arise against the Petroleum Board because of its reliance on this Limited Power of Attorney.

Signed this ____ day of _____, 20__.

By: _____
Signature of Responsible Person

Printed Name/Title of Responsible Person

STATE OF _____

COUNTY OF _____ }ss.

Sworn to and subscribed in my presence this _____ day of _____, 20__.

NOTARY PUBLIC

Signed this ____ day of _____, 20__.

By: _____
Signature of Attorney-in-Fact

Printed Name of Attorney-in-Fact

STATE OF _____

COUNTY OF _____ }ss.

Sworn to and subscribed in my presence this _____ day of _____, 20__.

NOTARY PUBLIC