

## **SCHEDULE A (Revised)**

To be attached to State of Florida Solid Waste Facility \_\_\_\_\_ Agreement entered into  
Enter "Trust Fund" or "Standby Trust Fund"  
 as of \_\_\_\_\_ by and between \_\_\_\_\_,  
Date of Agreement Owner or operator  
 the Grantor, and \_\_\_\_\_, the Trustee,  
Bank name  
 for account number \_\_\_\_\_  
Enter "N/A" if pooled account or no acct. no. assigned

This Agreement is amended to demonstrate financial assurance for cost estimate(s) on file with FDEP for the following facility(ies)\*.

FDEP I.D. Number	Facility Name	Site Address	Facility Cost Estimate** (total of Required Action amounts)

This amendment is executed on \_\_\_\_\_ and will become effective upon FDEP approval.

**GRANTOR**

**TRUSTEE**

\_\_\_\_\_  
 Authorized Signature for Grantor

\_\_\_\_\_  
 Authorized Signature for Trustee

\_\_\_\_\_  
 Type Name and Title

\_\_\_\_\_  
 Type Name and Title

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 E-mail Address

\_\_\_\_\_  
 Signature of Witness or Notary

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Witness or Notary Seal

\* - Removal of a facility from a standby trust fund or trust fund agreement, in accordance with FDEP regulations, requires prior written permission from the FDEP Tallahassee Office. Authorization will be addressed to the Trustee and will specify agreement by date.

\*\* - For each facility, enter the most recent Department approved facility cost estimate amount, or subsequently increased amount.