



State of New Jersey

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
SANITARY LANDFILL CLOSURE ESCROW ACCOUNT

ALTERNATIVE FUNDS STANDARD ESCROW AGREEMENT ADDENDUM

N.J.S.A. 13:1E-100 et seq.

N.J.A.C. 7:26-1.4, 2A.9

This addendum to the Alternative Funds Standard Escrow agreement (SEA) dated \_\_\_\_\_ for (Facility name) \_\_\_\_\_, (facility number) \_\_\_\_\_ shall serve as the consent by all parties to modify said SEA to reflect the following changes in ownership, financial institution and/or account status.

(1) CHANGE OF NAME OF OWNER/OPERATOR OF LANDFILL

FROM: \_\_\_\_\_ (name address phone number)

TO: \_\_\_\_\_ (name address phone number)

EFFECTIVE DATE : \_\_\_\_\_ TO: \_\_\_\_\_ FROM: \_\_\_\_\_ (name of landfill name of landfill)

(2) CHANGE OF NAME OF ACCREDITED FINANCIAL INSTITUTION

FROM: \_\_\_\_\_ (name address phone number)

TO: \_\_\_\_\_ (name address phone number)

EFFECTIVE DATE: \_\_\_\_\_ TO: \_\_\_\_\_ FROM: \_\_\_\_\_ (account number account number)

(3) INTERBANK TRANSFERS OF FUNDS AND/OR CHANGE OF ACCOUNT # BY ESCROW AGENT

FROM: \_\_\_\_\_ (account type account number)

TO: \_\_\_\_\_ (account type account number)

EFFECTIVE DATE: \_\_\_\_\_ TO: \_\_\_\_\_ FROM: \_\_\_\_\_

(4) ESCROW AGENT FEE \_\_\_\_\_

SIGNATURE OF OWNER/OPERATOR

SIGNATURE OF ESCROW AGENT

(signature)

(signature)

(print/type name)

(print/type name)

(phone number/fax number)

(phone number/fax number)

APPROVED BY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION SOLID AND HAZARDOUS WASTE MANAGEMENT PROGRAM

Anthony Fontana, Bureau Chief Bureau of Transfer Stations and Recycling Facilities

Date