|  |
| --- |
| **Local Government Scrap Tire Abatement Reimbursement** **Estimated Budget Worksheet** |
| **I. Applicant Information** |
| County/Municipality:  |
| **II. SITE INFORMATION** |
| **A. Site Name:**Please list the estimated amounts for the following (if applicable):

|  |  |  |
| --- | --- | --- |
| Personal protective equipment:  |  | $ |
| Equipment (heavy): |  | $ |
| Labor: |  | $ |
| Transportation:  |  | $ |
| Processing:  |  | $ |
| Revegetation/Stabilization:  |  | $ |
| Other (please describe): |  | $ |
|  |  |  |
| **Total:**  |  | $ |

 | **B. Site Name:**Please list the estimated amounts for the following (if applicable):

|  |  |  |
| --- | --- | --- |
| Personal protective equipment:  |  | $ |
| Equipment (heavy): |  | $ |
| Labor: |  | $ |
| Transportation:  |  | $ |
| Processing:  |  | $ |
| Revegetation/Stabilization:  |  | $ |
| Other (please describe): |  | $ |
|  |  |  |
| **Total:**  |  | $ |

 |
| **C.** **Site Name:**Please list the estimated amounts for the following (if applicable):

|  |  |  |
| --- | --- | --- |
| Personal protective equipment:  |  | $ |
| Equipment (heavy): |  | $ |
| Labor: |  | $ |
| Transportation:  |  | $ |
| Processing:  |  | $ |
| Revegetation/Stabilization:  |  | $ |
| Other (please describe): |  | $ |
|  |  |  |
| **Total:**  |  | $ |

 | **D.** **Site Name:**Please list the estimated amounts for the following (if applicable):

|  |  |  |
| --- | --- | --- |
| Personal protective equipment:  |  | $ |
| Equipment (heavy): |  | $ |
| Labor: |  | $ |
| Transportation:  |  | $ |
| Processing:  |  | $ |
| Revegetation/Stabilization:  |  | $ |
| Other (please describe): |  | $ |
|  |  |  |
| **Total:**  |  | $ |

 |
| **III. Authorization**  |
| *I, the undersigned authorized representative, certify that to the best of my knowledge, the information contained herein is true and correct.*  |
| Signature:  | Date:  |
| Print Name:  | Title:  |

**Send completed form to:** Environmental Protection Division, Waste Reduction Unit, Local Government Reimbursement Program

4244 International Parkway, Suite 104, Atlanta, GA 30354-3902. **PLEASE ALLOW 30 DAYS FOR PROCESSING.**

**Questions?** Call EPD at 404-363-7027