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| **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