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| **Local Government Scrap Tire Abatement Reimbursement Report***(Please type or print)* | | | | | |
| **I. CONTACT Information** | | | | | |
| County / Municipality: | | | | | |
| Project Manager Name: | | | Title: | | |
| Email: | | | Phone: | | |
| **II. Project details: Site 1** | | | | | |
| Site Name: | Date Cleanup Began: | | | Date Cleanup Ended: | |
| Address: | | | County: | | |
| City: | | | State: GA | | ZIP: |
| List the number and/or tons of tires removed by type:  *Passenger:* Number: Tons:  *Truck:* Number: Tons:  *Other:* Number: Tons:  *Total:* Number: Tons: | | | Describe any problems encountered and how they were handled: | | |
| Please show or attach an itemized list of project expenses. | | | | | |
| Amount of reimbursement requested: $ | | | | | |
| List the names of the permitted/approved tire carriers and processors used and their permit/approval numbers, if different from those listed in the application: | | | | | |
| Tire carrier name: | | Permit #: | | | |
| Tire carrier name: | | Permit #: | | | |
| Scrap tire processor name: | | Approval #: | | | |
| Scrap tire processor name: | | Approval #: | | | |
| Number of volunteers participating (if applicable): | | | | | |
| **III. Project details: Site 2** | | | | | |
| Site Name: | Date Cleanup Began: | | | Date Cleanup Ended: | |
| Address: | | | County: | | |
| City: | | | State: GA | | ZIP: |
| List the number and/or tons of tires removed by type:  *Passenger:* Number: Tons:  *Truck:* Number: Tons:  *Other:* Number: Tons:  *Total:* Number: Tons: | | | Describe any problems encountered and how they were handled: | | |
| Please show or attach an itemized list of project expenses. | | | | | |
| Amount of reimbursement requested: $ | | | | | |
| List the names of the permitted/approved tire carriers and processors used and their permit/approval numbers, if different from those listed in the application: | | | | | |
| Tire carrier name: | | Permit #: | | | |
| Tire carrier name: | | Permit #: | | | |
| Scrap tire processor name: | | Approval #: | | | |
| Scrap tire processor name: | | Approval #: | | | |
| Number of volunteers participating (if applicable): | | | | | |
| **IV. Project details: Site 3: If more than three sites, please copy and submit additional pages.** | | | | | |
| Site Name: | Date Cleanup Began: | | | Date Cleanup Ended: | |
| Address: | | | County: | | |
| City: | | | State: GA | | ZIP: |
| List the number and/or tons of tires removed by type:  *Passenger:* Number: Tons:  *Truck:* Number: Tons:  *Other:* Number: Tons:  *Total:* Number: Tons: | | | Describe any problems encountered and how they were handled: | | |
| Please show or attach an itemized list of project expenses. | | | | | |
| Amount of reimbursement requested: $ | | | | | |
| List the names of the permitted/approved tire carriers and processors used and their permit/approval numbers, if different from those listed in the application: | | | | | |
| Tire carrier name: | | Permit #: | | | |
| Tire carrier name: | | Permit #: | | | |
| Scrap tire processor name: | | Approval #: | | | |
| Scrap tire processor name: | | Approval #: | | | |
| Number of volunteers participating (if applicable): | | | | | |
| **V. Attachments: The following must be submitted in order to receive reimbursement.** | | | | | |
| Digital images taken before, during, and after cleanup *at each project site* (images must be at least 300 dpi, no larger than 5 MB, and in one of the following formats: JPG, PNG, TIF). Please use site name for name of pictures (e.g., sitename\_before.jpg) and email to [recycle@dnr.ga.gov](mailto:recycle@dnr.ga.gov).  Copies of all itemized contractor invoices  Copies of all checks showing the amount paid to each contractor  Copies of all transportation manifests and weight tickets  Official reimbursement request (invoice or letter) from authorized local government representative | | | | | |
| **VI. Total reimbursement requested** | | | | | |
| Amount of total reimbursement requested: $ | | | | | |
| **VII. certification statement** | | | | | |
| *I certify that all abatement activities required in the agreed upon contractual agreement and any amendments thereto contracts for this project have been carried out in accordance with the documented application, as well as all applicable federal, state and local laws, rules and regulations. I am aware that there are significant penalties for knowingly violating these and/or submitting false information, including fines, loss of certification or licensure, and imprisonment.* | | | | | |
| Signature: | | Date: | | | |
| Print Name: | | Title: | | | |

**Send completed report, official reimbursement request, and supporting documents to:** Environmental Protection Division, Waste Reduction Unit, 4244 International Parkway, Suite 104, Atlanta, GA 30354-3902. Email photos to: [recycle@dnr.ga.gov](mailto:recycle@dnr.ga.gov). **PLEASE ALLOW 30 DAYS FOR PROCESSING.** If you have questions about this form, please call 404-363-7027.