|  |
| --- |
| **Local Government Scrap Tire Abatement Reimbursement Amendment Application** |
| **I. Applicant Information** |
| County/Municipality:  | Federal Tax ID#:  |
| Project Manager:  | Total # of Sites/Events:  |
| Title:  | Phone:  | Email:  |
| **II. SITE/EVENT INFORMATION** (If more than two sites/events, please attach additional pages.) |
| **A.** Site/Event Name:  | Request for additional: 🞏 Funds 🞏 Time 🞏 Both |
| Additional Funds Requested: $ | Additional Time Requested (number of business days):  |
| Address:  |
| City:  | State: GA | ZIP:  |
| Please describe the reasons for the additional time and/or funding: |
|  |
| **A.** Site/Event Name:  | Request for additional: 🞏 Funds 🞏 Time 🞏 Both |
| Additional Funds Requested: $ | Additional Time Requested (number of business days):  |
| Address:  |
| City:  | State: GA | ZIP:  |
| Please describe the reasons for the additional time and/or funding: |
| **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:  |
| Address:  |
| City: | State: GA | Zip: |

**Send completed form to:** Environmental Protection Division, Recovered Materials 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