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| --- | --- | --- | --- | --- | --- | --- |
| **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