MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM

# SCRAP TIRE MONTHLY SUMMARY TRACKING FORM - HAULER

| | |
|---|---|
| | MONTH OF: |
| COMPANY | TELEPHONE WITH AREA CODE |
| MAILING ADDRESS | |
| CONTACT PERSON | US DOT PERMIT NUMBER |

| MONTH | NUMBER OR WEIGHT OF TIRES HAULED | | | | RECEIVER/END USER NAME, ADDRESS AND TELEPHONE NUMBER WITH AREA CODE | RECEIVER PERMIT OR REGISTRATION NUMBER (IF APPLICABLE) |
|---|---|---|---|---|---|---|
| | CAR | TRUCK | OTR | TOTAL | | |
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