

MISSOURI DEPARTMENT OF NATURAL RESOURCES SOLID WASTE MANAGEMENT PROGRAM

NON-PROFIT SCRAP TIRE CLEANUP AND DISPOSAL APPLICATION

| FOR OFFICE USE ONL' |
|---------------------|
|---------------------|

PROJECT NUMBER

| APPROVAL REQUIRED BEFORE COLLECTION. | | | | |
|---|-----------------------------|---|---------------------------------|--|
| Note: Non-profit groups are the only organizations eligible to request approval to conduct a collection event(s) and seek reimbursement for scrap tire disposal costs from this program. To receive reimbursement you must submit the department's <i>Non-Profit Cleanup and Disposal Invoice</i> (Form 780-1998). | | | | |
| ORGANIZATION NAME | ORGANIZATION CONTACT PERSON | l | | |
| | | | | |
| | OFFICIAL TITLE | | | |
| ORGANIZATION ADDRESS (CITY, STATE, ZIP CODE) | E-MAIL ADDRESS | | TELEPHONE NUMBER WITH AREA CODE | |
| | | | | |
| | | _ | FAX NUMBER WITH AREA CODE | |
| | | | | |
| LOCATION OF THE CLEANUP (BE SPECIFIC, INCLUDE COUNTY, CITY, BOI | DIES OF WATER, ROADS, ETC.) | | | |
| | | | | |
| | | | | |
| NAME AND ADDRESS OF BUSINESS WHERE TIRES WILL BE DISPOSED | | | | |
| | | | | |
| ESTIMATED NUMBER OF TIRES ESTIMATED DISPOSAL COST APPROXIMATE C | | | DLLECTION DATE | |
| | | | | |
| I hereby request approval from the Missouri Department of Natural Resources to conduct a scrap tire collection event. This approval | | | | |
| will allow my organization to seek reimbursement for the proper disposal of scrap tires collected as part of a civic cleanup to be | | | | |
| conducted at the above described location. I have attached a copy of our registration with the Office of the Secretary of State stating our non-profit status. I understand the maximum amount of money that may be reimbursed will be the actual disposal cost or \$2 per | | | | |
| tire, whichever is less. I also understand only those tires we legally dispose of are eligible for reimbursement under this program and | | | | |
| written documentation must be provided to the Department of Natural Resources. | | | | |
| RECIPIENT AUTHORIZED SIGNATURE | | | DATE | |
| | | | | |
| TITLE | | | | |
| | | | | |
| | | | | |
| SCRAP TIRES AND ILLEGAL DUMPING UNIT CHIEF SIGNATURE | | | DATE | |
| | | | | |
| | | | | |
| Please mail or fax completed form to: | | | | |
| Missouri Department of Natural Resources | | | | |
| Solid Waste Management Program | | | | |
| Scrap Tires and Illegal Dumping Unit P.O. Box 176 | | | | |
| Jefferson City, MO 65102 | | | | |
| Phone 573-751-5401 | | | | |

Fax 573-526-3902 MO 780-1997 (11-10)