ANNUAL REPORT FORM - CIVIL ENGINEERING APPLICATIONS

Report Period: January 1, 2020 – December 31, 2020

Project Title:		
Property Owner Name:	Owner Phone:	
Contact Name:	Contact Phone:	
Physical Address / Location of Project:		
Contact Mailing Address:	City:	
State:Zip: E-mail address of con	tact if available	
Please check the method of reporting: # of tires	weight of tires # of tire bales	
Number or weight of loose tires or tire bales that were	re RECEIVED in 2020:	
Number or weight of loose tires or tire bales that were	re used for the project in 2020:	
Number of tires or tire bales on site that have not ye	t been used as of December 31, 2020:	
The portion of the project that has already been com	pleted as of December 31, 2020:	
If the project has been completed, the number or we	ight of tires used for the entire project:	
List all scrap tire haulers or scrap tire generators, inc in 2020. Use additional pages if scrap tires were tra-	cluding yourself, that delivered scrap tires to your project site nsported by more than three haulers/dealers.	
[NOTE: "Scrap tire generator" means a person who	generates scrap tires, including retail tire dealers.]	
Name of hauler/generator:		
Contact Person:	Phone number:	
Mailing Address:	City:	
State:Zip: E-mail Address if available		
Number of PTEs delivered to your facility in 2020:		
Origin of scrap tires:		
	Phone number:	
	City:	
	ss if available	

2.	Name of hauler/generator:	
	Contact Person:	Phone number:
	Mailing Address:	City:
	State:Zip: E-mail Address if availab	le
	Number of PTEs delivered to your project in 2020:	
	Origin of scrap tires:	
	Contact Person:	Phone number:
	Mailing Address:	City:
	State:Zip: E-mail Address if availab	le
3.	Name of hauler/generator:	
	Contact Person:	Phone number:
	Mailing Address:	City:
	State:Zip: E-mail Address if availab	le
	Number of PTEs delivered to your project in 2020:	
	Origin of scrap tires:	
	Contact Person:	Phone number:
	Mailing Address:	City:
	State:Zip: E-mail Address if availab	le
	penalty of perjury, I hereby attest that the information prost of my knowledge.	ovided in this report is accurate and complete, to
Signat	ure	Date