

Financial Assurance Mechanism Review Request

CalRecycle 217 (Revised 01/17)

Requestor and Date Information	
Name:	
Organization:	
Email:	Phone Number:
Date of Request:	Date Needed By (minimum of 30 days from request):
Applicable Review Clock Closing Date:	

Facility Information	
Type of Facility: Choose an item.	
Permit Action: Choose an item.	
Plan (If the plan is for less than the entire site, please provide an explanation in the Comments section.):	
Closure/Postclosure Plan: Choose an item.	
Corrective Action Plan: Choose an item.	
Facility Name:	
Solid Waste Information System (SWIS) Number:	
County:	
Facility Address:	
Street:	
City	State ZIP Code:
Operator Name:	
Owner Name:	
Facility Contact:	
Name:	
Phone Number:	Email:

Closure and Postclosure Maintenance Cost Estimates	
Closure Cost Estimate: \$	Date of Plan or Revision to Plan:
Annual Postclosure Cost Estimate: \$	Date of Plan or Revision to Plan:
Anticipated Closure Date:	Closure Certification Date:

Corrective Action Cost Estimate	
Type of Corrective Action: Choose an item.	
Cost Estimate: \$	
Date of Plan or Revision to Plan:	

Comments	