

State of California  
WASTE TIRE HAULER/STORAGE COMPLAINT FORM  
CalRecycle 683 (Rev. 6/10)

Mail to:  
California Dept. of Resources Recycling and Recovery  
Waste Tire Enforcement Branch  
PO Box 4025, MS-22  
Sacramento Ca 95812-4025

For Official Use Only:
Name _____
Tire Program ID _____
County _____
Date Received: _____
Date Referred: _____
Referred To: _____
Complaint Number: _____

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**COMPLAINANT INFORMATION (Please type or print)**

Your Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Business Name: \_\_\_\_\_

\_\_\_\_\_ Business Address: \_\_\_\_\_

\_\_\_\_\_

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**HAULER/COMPLAINT INFORMATION (Please type or print)**

Name of Person the Complaint is Regarding: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Date/Time Violation: \_\_\_\_\_ / \_\_\_\_\_ AM PM

License Plate: \_\_\_\_\_ St: \_\_\_\_\_ Vehicle Description: \_\_\_\_\_

Location Violation Observed: \_\_\_\_\_ Quantity of Tires \_\_\_\_\_

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**NATURE OF COMPLAINT (Please type, print or attach a typed/printed statement)**

(additional space on reverse)

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**CERTIFICATION:**

I certify under **penalty of perjury**, under the laws of the State of California that the statements made in this complaint, including attachments thereto, if any, are true and complete.

Executed in the State of \_\_\_\_\_, County of \_\_\_\_\_, City of \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Anonymous complaints are accepted; however, this may affect the disposition of the case if the facts cannot be verified)*

Nature of Complaint (continued):

[Empty rectangular box for text entry]