

WASTE TIRE ENFORCEMENT GRANTS (FISCAL YEAR 2003-2004)

TO REQUEST AN APPLICATION, CHECK THE FOLLOWING:

By e-mail (provide address below
below)

Mailed on IBM-compatible disk (circle format
Word 6.0 Word 2000
Word 97

Application mailed in hardcopy format

PROVIDE THE FOLLOWING INFORMATION:

Name: _____

Agency: _____

Address: _____

City State Zip

Phone: _____

Fax: _____

E-mail: _____

FOLD HERE

FOLD HERE

California Integrated Waste Management Board
P.O. Box 4025
Sacramento, CA 95812-4025
Attn: Susan Happersberger, MS 22

STAPLE HERE