

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
FINANCIAL SERVICES DIVISION  
POST OFFICE BOX 4311  
BATON ROUGE, LOUISIANA 70821-4311

**MONTHLY COLLECTION CENTER REPORT**

COLLECTION CENTER NAME: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
DEQ FACILITY #      RA -      AGENCY INTEREST #: \_\_\_\_\_

MONTHLY REPORT FOR: (CIRCLE ONE)    JAN    FEB    MAR    APR    MAY    JUN    JUL    AUG    SEP    OCT    NOV    DEC      YEAR: \_\_\_\_\_

**THIS REPORT IS DUE NO LATER THAN THE 15TH DAY AFTER THE REPORTING MONTH.  
[EXAMPLE: THE JANUARY REPORT IS DUE NO LATER THAN FEBRUARY 15TH]**

**\*NOTE\* EACH MONTHLY REPORT MUST BE FILED ON A SEPARATE REPORT**

**NUMBER OF TIRES DROPPED OFF AT FACILITY (PER LOGS) \_\_\_\_\_**

NOTE: TIRE DROP-OFFS MUST BE DOCUMENTED IN LOG BOOKS, WHICH MUST BE RETAINED FOR DEQ INSPECTION FOR 3 YEARS

A COPY OF THIS MONTHLY REPORT SHOULD BE RETAINED AT THE COLLECTION FACILITY'S SITE.

CERTIFICATION: I PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT, AND I HEREBY CERTIFY UNDER PENALTY OF LAW THAT THIS INFORMATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

AUTHORIZED SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

**\* IF APPLICABLE, PLEASE INDICATE THE DATE ON WHICH TIRES WILL NO LONGER BE ACCEPTED FOR DROP-OFF \_\_\_\_\_**