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. Major Waste Tire Facility

Permit Action: Choose an item. Permit Review

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. Not applicable
Corrective Action Plan: Choose an item. Not applicable

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. Non-water Corrective Action

Cost Estimate: $

Date of Plan or Revision to Plan:

Comments