



INACTIVE SOLID WASTE MANAGEMENT
FACILITY OR ACTIVITY NOTIFICATION FORM

Form with fields for Facility Name, Address, City, State, ZIP Code, Type of Inactive Facility or Activity (checkboxes), DEC Activity Code(s), Facility County, and NYSDEC Region #.

This document certifies that the type of facility or activity identified above is no longer operational. The owner/operator relinquishes their NYSDEC permit/registration and retains no other permit, registrations, or licenses related to the identified activity.

I hereby affirm under penalty of perjury that information provided on this form was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this form pursuant to 6 NYCRR Part 360.

Signature lines for Name, Title, Phone Number, Address, City, State and Zip Code, and Signature, Date.