

## **IOWA DEPARTMENT OF NATURAL RESOURCES**

## **CRT Collection Facility**



## **COLLECTION REGISTRATION FORM**

New Registration	-CRT-	3	- To be filled in by agency	
FACILITY CONTACT INFORMATION				
Facility Information				
Name: City of Spend	er Transfer 5.	tation	Phone:	12-580-7270
Address: 3761 W 18#	bot		Fax:	12-580-7276
City, State, Zip: Spencer	TA 5/301 E-mail	tolar	ha sper	ocer Lowacity, con
Responsible Official for the Facility		101		<i>-</i>
Name: Jom Clark	#		Phone: 🗾	12-580-7270
Address: 310 1 W 18	5+		Fax: 7	2-580-7276
City, State, Zip: Spence I	A 51301 E-mail	tchil	d spen	ceriowaeity, con
CRT Drop-off Location (if different than maili	ng address):			
CERTIFICATION  IAC 567 122.5(1) - Attach proof of owo	sed, the applicant shall also	include a stat	tement, signe	ed by the property owner,
stating that the property owner is aw held liable for wastes abandoned at t		king place at	the site and <sub>l</sub>	property owner may be
Property Owner Designated Represe				the property owner
By signing below, I state that I am the own application. I acknowledge that I or the own that are ongoing or proposed for the prothe issuance by the Iowa Department of Tubes on the property and the terms and from any liability, duty, or responsibility as Signature:  Printed Name: Mark White	wher or the representative of the person of the represent have been perty and consent to those Natural Resources, of a Person of the Public Work	f the owner on informed and uses and active mit/Registration do no aste Manage	f the propert d are aware o vities. Furthe on to collect ot relieve the	of the uses and activities rmore, I understand that and recycle Cathode Ray owner of the Property
I certify under penalty of law that I am t	CERTIFICATION he owner operator or auth	orized repres	entative of th	ne owner or operator and
that I have examined and am familiar w	with the information reported accurate and complete	d above, and	that I believe	the information is true,
1 N. 1.				12 - 21
Printed Name: Jon Clark			Phone:	12-880-7165
Email: +clark & spence	owacity.com		Fax: 7/	2-580-7276
Signature: Thomas Cla	1	_		Date: 12-30-22

Return completed application with attached information to: Iowa Department of Natural Resources, Solid Waste Section, 502 E 9<sup>th</sup> St, Des Moines IA 50319-0034.

