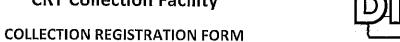


IOWA DEPARTMENT OF NATURAL RESOURCES

CRT Collection Facility





New Registration	-CRT-	To l	e filled in by agency
FACILITY CONTACT INFORMATION			
Facility Information			
Name: East Side Recy	din Center	Phon	e: <u>319-356-5185</u>
Address: 2401 Scott Blue		Fax:	- <u> </u>
City, State, Zip: Four City,			Paris with are
Responsible Official for the Facility .		Juienn	
Name: Jennifer Jordan	`	Phon	e: <u>319-887-6160</u>
Address: 3900 Habl Sve		Fax:	
City, State, Zip: Fare City. I		· liordan o	jowa-city, ora
			7-5
CRT Drop-off Location (if different than maili	ing address):		
CERTIFICATION			
IAC 567 122.5(1) - Attach proof of ov	vnership or legal entitlemen	t to use the propert	y for CRT collection.
OR			
IAC 567 122.5(2) - If the facility is lea	sed, the applicant shall also	include a statement	, signed by the property owner,
stating that the property owner is av held liable for wastes abandoned at	the site (below).	king place at the site	e and property owner may be
•			
Property Owner	∑ De:	signated Representa	tive of the property owner
	(Provid	le verification of sta	tus as representative)
By signing below, I state that I am the ow	vner or the representative o	f the owner of the p	roperty described in this
application. I acknowledge that I or the c that are ongoing or proposed for the pro	wher I represent have been	informed and are a	ware of the uses and activities
the issuance by the lowa Department of	Natural Resources, of a Perr	uses and activities, r nit/Registration to c	ollect and recycle Cathode Ray
Tubes on the property and the terms and	d conditions of any such regi	stration do not relie	ve the owner of the Property
from any liability, byty, or responsibility	arising under Iowa's Solid W	aste Management r	egulations.
Signature:		Date	: 1-24-24
Printed Name. Jennifer L.	Jordan		
	CERTIFICATION		
I certify under penalty of law that I am t	CERTIFICATION he owner operator or auth	orized representativ	a of the owner or operator and
that I have examined and am familiar w	vith the information reporte	d above, and that I b	pelieve the information is true.
	accurate and comple		
T (7 /		
Printed Name: Junifer L.		Phone	319-887-6140
Email: jejordan o jour.	city.org	Fax	:
Signature:			Date: /-24-24
Return completed application with attached	information to: lowa Departme	ent of Natural Resourc	es, Solid Waste Section, 502 E 9 th
St, Des Moines IA 50319-0034.			

Johnson County Johnson County lowa Search 9

Parcel Lookup
 Tax Estimator
 Taxing Districts

Property Taxes ~ Tax Estimator ~ Assessment Data ~ Map ~ Title History

Download PDF Credit Applications

- Iowa City Homestead Application
 County Homestead Application
 Military Application
 Board of Review Petition
 Disabled Vet Homestead

Parcel Address, Values, and Owners

New Parcel Lookup All Addresses for This Parcel

Parcel	1024401001 2401 S SCOTT BLVD, IOWA CITY			
Property Address				
Sec-Twn-Rng	24 - 79 - 6			
Legal Description	IOWA CITY AUDITORS PLAT 32 LOT:7 LOT 7			
Subdivision	AUDITORS PLAT 32			
Mailing Name	CITY OF IOWA CITY			
Mailing Address	410 E WASHINGTON ST			
Mailing Address	IOWA CITY IA 52240			