Maricopa County
Solid Waste Management Dept.
2901 W. Durango Street
Phoenix, Arizona 85009
602-506-4006

WASTE TIRE DISPOSAL MANIFEST

Submit Form by Email | Print | Reset Form Fields

*****PLEASE USE BLUE OR BLACK INK AND PRESS FIRMLY*****

==========

GENERATOR

_____ _____ _____
Generator Name Contact Person Phone Number

_____
Generator Address (Include street, city and zip)

Sales Tax ID # _____

Number of waste tires :_____ Type: Passenger Truck OTR Other_____ (Please circle one)

I certify that these waste tires have been generated within Maricopa County.

_____ _____ _____
Signature Print Name Date

==========

HAULER

_____ _____ _____
Company Name Contact Person Phone Number

_____
Hauler Address (Include street, city and zip)

Vehicle Make:_____ License Number:_____ State: _____
Driver's Name: _____ Driver's License Number: _____
I certify that the waste tires I have removed from the above noted Waste Tire Generator, will be transported to a Maricopa County Waste Tire Collection Site.

_____ _____ _____
Signature Print Name Date

==========

WTCS

Site Location: _____NW_____ QC _____Other _____

Date: _____ Time: _____ AM/PM

Number of Tires: Passenger _____
Truck _____ Net Weight: _____ Tons
OTR _____
TOTAL _____

_____ _____
Signature Print Name

6700-002 R10-97