

State of California
WASTE TIRE HAULER/STORAGE COMPLAINT FORM
CalRecycle 683 (Rev. 6/10)

Mail to:
California Dept. of Resources Recycling and Recovery
Waste Tire Enforcement Branch
PO Box 4025, MS-22
Sacramento Ca 95812-4025

For Official Use Only:
Name _____
Tire Program ID _____
County _____
Date Received: _____
Date Referred: _____
Referred To: _____
Complaint Number: _____

COMPLAINANT INFORMATION (Please type or print)

Your Name: _____ Telephone: _____

Residence Address: _____ Business Name: _____

_____ Business Address: _____

HAULER/COMPLAINT INFORMATION (Please type or print)

Name of Person the Complaint is Regarding: _____

Business Name: _____

Address: _____ Telephone: _____

_____ Date/Time Violation: _____ / _____ AM PM

License Plate: _____ St: _____ Vehicle Description: _____

Location Violation Observed: _____ Quantity of Tires _____

NATURE OF COMPLAINT (Please type, print or attach a typed/printed statement)

(additional space on reverse)

CERTIFICATION:

I certify under **penalty of perjury**, under the laws of the State of California that the statements made in this complaint, including attachments thereto, if any, are true and complete.

Executed in the State of _____, County of _____, City of _____

Signature _____ Date _____

(Anonymous complaints are accepted; however, this may affect the disposition of the case if the facts cannot be verified)

Nature of Complaint (continued):

[Empty rectangular box for text entry]