



# Monthly Report of Reusable Tire Distribution

Facility Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_



**Mississippi Department of Environmental Quality**

Waste Tire Management Program

P.O. Box 2261

Jackson, MS 39225

(601)961-5171

**Name of Retread/Resale Facility**  
(Provide name and address of receiver)

**Monthly Quantity of Waste Tires  
Provided to Retread/Resale Facility**

