Clear Form

Department of Health
Office of Solid Waste Management

Form OSWM-T2

Attachment 1

Customer List

Name:

Address/ City/State/Zip:

Contact Phone:

Customer/Business Name & Address* If you are a transporter, include Pick-Up Location	Destination of Tires (Name, Address, Contact)	Tire Quantity

**Do not report tires received from the general public.*

Facilities that accept used tires are required to maintain records for a minimum of three years, pursuant to Hawaii Revised Statutes Chapter 342I. Facilities that accept used tires shall provide such records to the DOH upon request.

If more space is necessary, attach separate sheet(s).