

Abandoned Manufactured Home Removal Project Summary Invoice

The following information is submitted for reimbursement through the AMH Grant

_____ County Contract No. _____

Project ID # _____ Property Owner Name: _____

Date of Deconstruction: _____ Demolition Contractor: _____

Location of Demolition / Deconstruction: _____

Destination of Deconstructed Materials:

C&D Materials Landfill: _____ Amount : _____ Tons

Recycled Materials: _____ Amount: _____ Tons

Mercury Switches: _____ Amount: _____

Project Financial Summary:

Contractor Fee: _____ Disposal Fee: _____

Hazardous Material Inspection / Removal Fee: _____

Program Administrative Cost: _____ Recoverable Project Fees: _____

Total of Unrecoverable Project Cost: _____

Site inspection conducted on _____ verifies that the abandoned manufactured home has been removed from the above referenced property in accordance with the policies set forth by _____ County Abandoned Manufactured Home Program as described in DENR Contract # _____.

I verify the information submitted above and hereby request reimbursement from the AMH Grant Program in the amount of _____ for unrecoverable costs encountered by _____ County in efforts to minimize and properly dispose of abandoned manufactured homes.

Date of Submittal

Project Coordinator