



## Illegal Dump Reimbursement Request

Applicant name:

Applicant address:

Street Address or general location of collection site:

Date cleanup occurred:

Material collected (general description):

Total reimbursement request amount:

I, the undersigned authorized representative, certify this information is true, accurate and complete.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

A reimbursement will only be approved if the following are included and is not guaranteed:

- Copy/original receipt from Ukiah Waste Solutions for material disposal
- A completed W9 (this is required for a check to be processed and mailed to you)

*Please send the completed form to:* City of Ukiah

ATTN: Department of Public Works  
300 Seminary Ave  
Ukiah, CA 95482

*Or email to:* [sstrader@cityofukiah.com](mailto:sstrader@cityofukiah.com)