

**DAVID DUNN SALVAGE, INC.**

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9986 Rochester Road  
Middleport, New York 14105  
(716) 735-9172 (Phone)  
(716) 735-3022 (Fax)

**FAX COVER SHEET**

Date: 1-11-18

Total Pages (Including Cover) : 10

Message To:

Name: DEC Central Office

Company: \_\_\_\_\_

Message From:

Name: David Dunn Salvage, Inc

Subject: \_\_\_\_\_

Message:

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# MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov) or call 518-402-8678.)

Submit the Annual Report no later than March 1, 2018.

This annual report is for the year of operation from January 01, 2017 to December 31, 2017

## SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <u>Cruisin' Auto Parts Inc.</u>			
FACILITY LOCATION ADDRESS: <u>9985 Rochester Road</u>	FACILITY CITY: <u>Middleport</u>	STATE: <u>NY</u>	ZIP CODE: <u>14105</u>
FACILITY TOWN: <u>Boyalton</u>	FACILITY COUNTY: <u>Niagara</u>	FACILITY PHONE NUMBER: <u>- 0 -</u>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <u>9</u>
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <u>7112374</u>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <u>Vehicle Dis</u>	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: <u>Brenda L. Dunn</u>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <u>(716) 735-9172</u>	CONTACT FAX NUMBER: <u>- 0 -</u>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <u>Brenda L. Dunn</u>	OWNER PHONE NUMBER: <u>(716) 735-9644</u>	OWNER FAX NUMBER: <u>- 0 -</u>	
OWNER ADDRESS: <u>9986 Rochester Road</u>	OWNER CITY: <u>Middleport</u>	STATE: <u>NY</u>	ZIP CODE: <u>14105</u>
OWNER CONTACT: <u>Brenda L. Dunn</u>	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Other (provide):		<input checked="" type="checkbox"/> Owner address	
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Other (provide):		<input type="checkbox"/> Owner Contact	
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Other (provide):		<input checked="" type="checkbox"/> Owner Contact	

Did you operate in 2017? ☐ Yes; Complete this form.

☒ No; Complete and submit Sections 1 and 11.

**SECTION 11 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE**

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste Contacts.)

The Owner, Operator, or Responsible Representative must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Permitting and Planning  
625 Broadway  
Albany, New York 12233-7260  
Fax 518-402-9041  
Email address: SWMFannualreport@dec.ny.gov**

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

B  
Signature

1-11-18  
Date

Brenda L. Dunn  
Name (Print or Type)

President  
Title (Print or Type)

\_\_\_\_\_  
Email (Print or Type)

9986 Rochester Rd  
Address

Middletown  
City

NY 14105  
State and Zip

(716) 735-9172  
Phone Number

ATTACHMENTS: ☐ YES ☐ NO