

578 402 9041  
315 793 2748

TO: SARAH B. HARRISON

FROM: TOM ZIELENSKI

RE: BOOTS/TROUSERS

SARAH, THANKS SO MUCH FOR ALL OF  
THE HELP. I'LL BE MORE PROMPT  
AND HOPEFULLY I'M GETTING MORE  
FAMILIAR WITH THE PROCESSES.

TOM ZIELENSKI  
315 525 1053

10 PAGES INCLUDING COVER  
(THIS)

# VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE CRUSHER ANNUAL REPORT

Submit the Annual Report no later than March 1, 2019.

This annual report is for the year of operation from January 01, 2018 to December 31, 2018

## SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>Boot's Auto Part's Inc</i>			
FACILITY LOCATION ADDRESS: <i>7142 Trenton Rd</i>	FACILITY CITY: <i>Barneveld</i>	STATE: <i>NY</i>	ZIP CODE: <i>13304</i>
FACILITY TOWN: <i>Trenton</i>	FACILITY COUNTY: <i>Oneida</i>	FACILITY PHONE NUMBER: <i>none</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Oneida-Herkimer Solid Waste Authority</i>			NYSDEC REGION #: <i>6</i>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher			
DMV I.D. # <u><i>7001646 DIS</i></u>			
FACILITY CONTACT: <i>Thomas J. Zielenki Sr.</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>315-525-1053</i>	CONTACT FAX NUMBER: <i>none</i>
CONTACT EMAIL ADDRESS: <i>tgzfam@netzero.com</i>			
OWNER INFORMATION			
OWNER NAME: <i>Troya Motors LLC</i>	OWNER PHONE NUMBER: <i>315-525-1053</i>	OWNER FAX NUMBER: <i>none</i>	
OWNER ADDRESS: <i>6644 Trenton Rd</i>	OWNER CITY: <i>Utica</i>	STATE: <i>NY</i>	ZIP CODE: <i>13502</i>
OWNER CONTACT: <i>Thomas J. Zielenki Sr.</i>	OWNER CONTACT EMAIL ADDRESS: <i>tgzfam@netzero.com</i>		
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"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2018?     Yes; Complete this form.  
     No; Complete and submit Sections 1 and 12.

