

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

Submit the Annual Report no later than March 1, 2020. This

annual report is for the year of operation from January 01, 2019 to December 31, 2019

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Young's Rescue & Recovery			
FACILITY LOCATION ADDRESS: 8957 Van Dusen Rd	FACILITY CITY: Houghton	STATE: NY	ZIP CODE: 14744
FACILITY TOWN: Rushford	FACILITY COUNTY: Allegany	FACILITY PHONE NUMBER: 585-437-5438	
FACILITY NYS PLANNING UNIT: <small>(A list of NYS Planning Units can be found at the end of this report).</small> Allegany County			NYSDEC 9 REGION #:
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # <u>7105405</u>	<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE: N/A	
FACILITY CONTACT: Jeff Young	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 585-437-5438	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS: <u>youngdbb@aol.com</u>			
OWNER INFORMATION			
OWNER NAME: Jeffrey R Young Single Member LLC	OWNER PHONE NUMBER: 585-437-5438	OWNER FAX NUMBER: N/A	
OWNER ADDRESS: 8989 Van Dusen Rd	OWNER CITY: Houghton	STATE: NY	ZIP CODE: 14744
OWNER CONTACT: 585-437-5438	OWNER CONTACT EMAIL ADDRESS: <u>youngdbb@aol.com</u>		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2019? Yes; Complete this form.

No; Complete and submit Sections 1 and 12.