

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

Submit the Annual Report no later than March 1, 2021. This annual report is for the year of operation from January 01, 2020 to December 31, 2020

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: KARSON'S AUTO & TRUCK RECYLCING LLC			
FACILITY LOCATION ADDRESS: 530 SOUTH MAIN ST	FACILITY CITY: WARSAW	STATE: NY	ZIP CODE: 14569
FACILITY TOWN: WARSAW	FACILITY COUNTY: WYOMING	FACILITY PHONE NUMBER: 585-786-3930	
FACILITY NYS PLANNING UNIT: <i>9</i> <small>See list on NYS Planning Units can be found at the end of this report.</small>			NYSDEC REGION #: <i>9</i>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler		<input type="checkbox"/> Motor Vehicle Repair Shop	
DMV I.D. # 7085859		<input type="checkbox"/> Mobile Vehicle Crusher	
FACILITY CONTACT: RAMONA HEUBUSCH		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 716-474-1334
CONTACT FAX NUMBER: -			
CONTACT EMAIL ADDRESS: KARHEU917@AOL.COM			
OWNER INFORMATION			
OWNER NAME: KARSON HEUBUSCH	OWNER PHONE NUMBER: 585-786-3930	OWNER FAX NUMBER: -	
OWNER ADDRESS: 4763 MILLER RD	OWNER CITY: SILVER SPRINGS	STATE: NY	ZIP CODE: 14550
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: JUNKINC@AOL.COM		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility address <input type="checkbox"/> Owner address <input type="checkbox"/> Other address			
<input checked="" type="checkbox"/> Other (provide): PO BOX 46 WARSAW NY 14569			
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 2020: <input type="checkbox"/> Yes, Complete this form.			
<input checked="" type="checkbox"/> No, Complete and submit Sections 1 and 12.			