



Mail duplicate original to:
Solid Waste Financial Coordinator
Florida Department of Environmental Protection
2600 Blairstone Road MS 4548
Tallahassee, Florida 32399-2400

AMENDMENT


Amendment to the State of Florida Solid Waste Facility _____ Agreement entered
into as of _____ by and between _____,
Date of Agreement Owner or operator
the Grantor, and _____, the Trustee,
Financial Institution Name
for account number _____
Enter "N/A" if pooled account or no acct. no. assigned

This amendment changes*

This amendment is executed on _____ and is to be attached to the original agreement.
Date

This amendment will become effective upon FDEP approval.

GRANTOR

Name of Owner or Operator (Permittee)



Authorized Signature for Grantor

Type Name and Title

Telephone Number

E-mail Address

TRUSTEE

Name of Corporate Trustee


Authorized Signature for Trustee

Type Name and Title

Telephone Number

E-mail Address

Signature of Witness or Notary

Date

Printed Name of Witness or Notary Seal

* - Removal of a facility from a standby trust fund or trust fund agreement, in accordance with FDEP regulations, requires prior written permission from the FDEP Tallahassee Office. Authorization will be addressed to the Trustee and will specify agreement by date.