



Tier 2 Submit  
Calendar Year 2020  
Certification

I hereby certify that I have reviewed the information submitted on the media enclosed and/or email attachment for the facility listed on this certification and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on the data available to the owners/operator of this facility.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

/ /

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ OH Zip \_\_\_\_\_ -

County \_\_\_\_\_

For multiple facility reports stored within flashdrive or email attachment, please list additional county or counties

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