State Agency Model Integrated Waste Management Plan

Part II: State Agency List of Facilities

State Agency or Large State Facility: _____

Note: Last line of table is a tally of total number of employees

Facility Name and Mailing Address (List of all facilities that are part of the State Agency or large State Facility)	**Contact**			**No. of Employees**
	Name	**Phone**	**E-Mail**	
			Number of Employees	0