



BAY AREA AIR QUALITY MANAGEMENT DISTRICT
 939 ELLIS STREET
 SAN FRANCISCO, CA. 94109
 ATTENTION: ADMINISTRATIVE SERVICES DIVISION

Office Use Only
P.R.R. NUMBER

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Direct Dial: (415) 749-4761
 FAX: (415) 749-5111

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for District records, please fill out this form completely. Specifically identify the type of records you are requesting from the list below. **NOTE:** There is a limit of one facility or one site address per request form.

REQUESTOR INFORMATION

NAME:			DATE:
COMPANY:			
MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	PHONE NUMBER:

REQUESTED FACILITY INFORMATION

FACILITY NAME:		
FACILITY ADDRESS:		
CITY:	STATE:	ZIP CODE:
TIME PERIOD OF DOCUMENTS REQUESTED:	From:	To:

REQUESTED RECORDS (Check *no more than three applicable items*)

Complaint Information <input type="checkbox"/> Complaint Printout <input type="checkbox"/> Specific Complaint #	Notice Of Violation Information <input type="checkbox"/> NOV Printout <input type="checkbox"/> Specific NOV # <input type="checkbox"/> AB2588 Inventory <input type="checkbox"/> Source Test Reports <input type="checkbox"/> Lab Report # <input type="checkbox"/> Review Permit Files * <input type="checkbox"/> Review Enforcement Files ** <input type="checkbox"/> Review Rule Development Files ** <input type="checkbox"/> Asbestos Notifications	OTHER: ***
Episode Information <input type="checkbox"/> Episode Printout <input type="checkbox"/> Specific Episode #		
Permit Application Information <input type="checkbox"/> Permit Application Printout <input type="checkbox"/> Specific Application # <input type="checkbox"/> Permit Conditions		

* Subject to facility review (i.e., trade secrets).

** You will be contacted to schedule an appointment date to review records.

*** If what you are seeking is not on this Form, you may attach a letter with additional information on the request.

Cost: **Copies: \$.10 per page; Diskette \$5.00; CD \$10.00; Audiotape \$5.00; Microfiche sheet \$8.00.**

Note: After a preliminary estimate, advance payment may be required.

I hereby agree to reimburse the BAAQMD for the direct cost of duplicating the information requested in accordance with Gov't Code Section 6253(b).

OFFICE USE ONLY:

- Enclosed are the records you requested.
- We are unable to provide the records you requested.
 - A search was made but no records were found.
 - We are unable to find the record you requested because the request did not include sufficient information to find it.
 - Out of District's Jurisdiction.