

REPORT Smoking VEHICLES!

AUTO

VAN

TRUCK

BUS

CA License # _____ Date Observed _____

Make/Model _____ Time _____ A.M. P.M.
(check one)

City _____

Freeway/Street _____

Mail to:
SJVAPCD Smoking Vehicle Program
1990 E. Gettysburg Avenue
Fresno, CA 93726
OR CALL
1-800-55-99-AIR

