San Joaquin Valley
Air Pollution Control District
1990 E. Gettysburg Avenue, Fresno, CA 93726-0244
(559) 230-6000 www.Valleyair.org

Public Records Requests
Phone (559) 230-6000
Fax (559) 230-6061

Office Use Only
CONTROL NUMBER

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for District records, please fill out this form completely. Identify specifically the type of records you are requesting. Please limit your request to one facility or one site address for each request form filed, and three requests items per form. Additional forms or pages can be used if requesting information for more than one facility or for records not identified on this form. Requests should reasonably describe identifiable records prepared, owned, used, or retained by the District. Staff is available to assist you in identifying those records in the District's possession. The District is not required by law to create a new record or list from an existing record. By submission of this form I hereby agree to reimburse the SJVUAPCD for the direct cost of duplicating the requested records in accordance with Gov. Code Sec. 6253(b).

REQUESTOR INFORMATION

NAME: DATE:

COMPANY:

MAILING ADDRESS:

CITY: STATE: ZIP CODE:

PHONE # FAX # E-MAIL:

DOCUMENTS REQUESTED (*3 Items per form*)

- ☐ Permit Application(s)
- ☐ Permit(s) to Operate (PTO)
- ☐ Authorities to Construct (ATC)
- ☐ Engineering Evaluation(s)
- ☐ Emissions Inventory Statement(s)
- ☐ Health Risk Assessment(s)
- ☐ Site Inspection Report(s)
- ☐ Source Test Report(s)
- ☐ Air Monitoring Data
- ☐ Complaints
- ☐ Notice(s) of Violation (NOV)
- ☐ Notice(s) to Comply (NTC)
- ☐ All Records/General File Review
- ☐ Toxic Sources within 1/4 mi School Review
- ☐ Asbestos Notification(s)/Record(s)
- ☐ AB2588 "Hot Spots" Information
- ☐ Other (*Describe below or on additional pages*):

DATE OF DOCUMENTS REQUESTED: From: To:

REQUESTED FACILITY INFORMATION (*If Applicable*)

FACILITY NAME: FACILITY I.D. NO. *(if known)*

FACILITY ADDRESS:

CITY: STATE: ZIP CODE:

METHOD OF DELIVERY (Check all that apply)

- ☐ Pick Up
- ☐ U.S. Mail
- ☐ FAX (Maximum 30 Pages)
- ☐ CD/DVD
- ☐ Email (Maximum 5 MB)
- ☐ Other _____
- ☐ Inspection of records only, no copies required (District will contact you to setup an appointment for inspection)

☐ I request that the SJVUAPCD contact me prior to completing the requested records if the cost exceeds $_____