



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)

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

<input type="checkbox"/> Pick Up	<input type="checkbox"/> FAX (Maximum 30 Pages)	<input type="checkbox"/> Email (Maximum 5 MB)
<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> CD/DVD	<input type="checkbox"/> Other _____
<input type="checkbox"/> Inspection of records only, no copies required (District will contact you to setup an appointment for inspection)		
<input type="checkbox"/> I request that the SJVUAPCD contact me prior to completing the requested records if the cost exceeds \$ _____		