



Antelope Valley Air Quality Management District

43301 Division Street, Suite 206, Lancaster, CA 93535-4649

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E-Mail: PIR@AVAQMD.CA.GOV

Request for Public Information

ATTENTION REQUESTER: To expedite your request for district records, please fill out this form completely and 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 requested 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. Public Records Unit 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.

PRR Office Use Only

Log Number: _____

Requester Information

Name: _____

Date: _____

Company: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

E-Mail: _____

Requested Records (only 3 items per request form) Direct cost of duplication: 15¢ per page for paper copies. After a preliminary estimate, advance payment might be required.

Time Period of Documents Requested: From _____ To _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Applications (APPLS) | <input type="checkbox"/> Emissions Summary | <input type="checkbox"/> Facility Potential to Emit (PTE) |
| <input type="checkbox"/> Permits to Operate (P/O) | <input type="checkbox"/> Source Test Reports (S/T RPTS) | <input type="checkbox"/> Facility Positive balance (NSR) |
| <input type="checkbox"/> Equipment List Report (EQL) | <input type="checkbox"/> Air Monitoring Data | <input type="checkbox"/> Toxic-Health Risk Assessment (HRA) |
| <input type="checkbox"/> Notices of Violation (NOV) | <input type="checkbox"/> Asbestos Notifications/Records | |
| <input type="checkbox"/> Notices to Comply (N/C) | | |
| <input type="checkbox"/> Complaints | | |
| <input type="checkbox"/> Site Inspection Reports (I/R) | | |
| <input type="checkbox"/> Other (Describe below or on additional attached pages) | | |

Describe Other: _____

Requested Facility Information (if applicable)

Facility Name: _____

Facility Address: _____

City/State/Zip: _____

Facility I.D. # (if known): _____

App. #/Permit # (if known): _____

Please check the appropriate request:

- I wish to inspect the requested records, where applicable, and do not want copies produced at this time.
- I request that the AVAQMD contact me prior to copying the requested records if the cost exceeds \$20.00.
- I would like copies of the requested records and I hereby agree to reimburse the AVAQMD for the direct cost of duplicating the requested records in accordance with Gov. Code Sec. 6253(b).

Signature of Requestor

Official Use Only