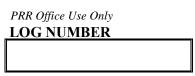
MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

BRAD POIRIEZ, EXECUTIVE DIRECTOR
14306 Park Avenue, Victorville, CA 92392-2310
760.245.1661 • Fax 760.245.2699
www.MDAQMD.ca.gov • @MDAQMD

Public Records Request Form





Signature of Requestor

ATTENTION REQUESTOR: 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. Additional forms 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.

REQUESTOR INFORMATION NAME: DATE: COMPANY: MAILING ADDRESS: STATE: ZIP CODE: CITY: PHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS: REQUESTED RECORDS ☐ Applications (APPLS) ☐ Site Inspection Reports (I/R) ☐ Asbestos Notifications/Records ☐ Permits to Operate (P/O) ☐ Emissions Reports ☐ Toxic-Health Risk Assessment (HRA) ☐ Notices of Violation (NOV) ☐ Test Reports & Protocols ☐ Facility Correspondences ☐ Notices to Comply (N/C) ☐ Engineering Evaluations ☐ Other (describe below or on additional pages) □ Complaints ☐ Air Monitoring Data TIME PERIOD OF DOCUMENTS REQUESTED To: From: REQUESTED FACILITY INFORMATION (If Applicable) **FACILITY NAME:** FACILITY ADDRESS: ZIP CODE: CITY: STATE: APPL. AND/OR PERMIT NO. (if known): FACILITY I.D. NO. (if known): The District may require the payment of a fee or a deposit. ☐ I wish to inspect the requested records, where applicable, and do not want copies produced at this time. ☐ I request that the MDAQMD 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 MDAOMD for the direct cost of duplicating the requested records in accordance with Gov. Code Sec. 6253(b).

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

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

BRAD POIRIEZ, *EXECUTIVE DIRECTOR* 14306 Park Avenue, Victorville, CA 92392-2310 760.245.1661 • Fax 760.245.2699 www.MDAQMD.ca.gov • @MDAQMD



To request a public records request, please fill out the form above and ${\bf e}\text{-}{\bf mail}$, or ${\bf mail}$ to:

Mojave Desert A.Q.M.D

Attention: Records Management 14306 Park Ave. Victorville, CA 92392

E-Mail: RecordsRequest@mdaqmd.ca.gov