

MONTEREY BAY UNIFIED AIR POLLUTION CONTROL DISTRICT
 24580 SILVER CLOUD COURT
 MONTEREY, CA 93940
 (831)647-9411
 FAX: (831)647-8501

Attention: Cynthia Searson, Senior Administrative Assistant
 E-Mail: csearson@mbuapcd.org

PUBLIC RECORDS REQUEST FORM

Office Use Only

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PR Number

ATTENTION REQUESTOR: To expedite your request for records, please fill out this form completely. Specifically, identify the type of records you are requesting from the list below.

REQUESTOR INFORMATION

NAME:	DATE:	
COMPANY:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE #:	FAX #:	EMAIL:

DOCUMENTS REQUESTED (3 ITEMS PER FORM)

<input type="checkbox"/> Permit Application(s) <input type="checkbox"/> Permit(s) to Operate (PTO) <input type="checkbox"/> Authorities to Construct (ATC) <input type="checkbox"/> Engineering Evaluation(s) <input type="checkbox"/> Notice(s) of Violation (NOV) <input type="checkbox"/> Notice(s) to Comply (NTC) <input type="checkbox"/> Site Inspection Report(s) <input type="checkbox"/> Other (Describe below or on additional pages):	<input type="checkbox"/> All Records/General File Review <input type="checkbox"/> Source Test Report(s) <input type="checkbox"/> Air Monitoring Data <input type="checkbox"/> Complaints <input type="checkbox"/> Asbestos Notification(s)/Record(s) <input type="checkbox"/> Sources within 1/4 mi School Review <input type="checkbox"/> AB2588 "Hot Spots" information
DATE OF DOCUMENTS REQUESTED: From: _____ To: _____	

REQUESTED FACILITY INFORMATION (If Applicable)

FACILITY NAME:		
FACILITY ADDRESS:		
CITY:	STATE:	ZIP:

METHOD OF DELIVERY

<input type="checkbox"/> Pick Up	<input type="checkbox"/> FAX (maximum 15 pages)	<input type="checkbox"/> Email
<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. (You will be contacted to set an appt.)		
<input type="checkbox"/> If the requested records exceed \$_____, I request to be contacted prior to copying.		