

**TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT**

P.O. BOX 1169 \* RED BLUFF, CA 96080  
Phone: (530) 527-3717 Fax: (530) 527-0959

**PUBLIC RECORDS REQUEST**

**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 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. District Public Records 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.

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Requested Records**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Air monitoring data              | <input type="checkbox"/> Applications                                   | <input type="checkbox"/> Asbestos Notifications |
| <input type="checkbox"/> Authority to Construct           | <input type="checkbox"/> Complaints                                     | <input type="checkbox"/> Emissions Inventory    |
| <input type="checkbox"/> Notice to Comply                 | <input type="checkbox"/> Notice of Violations                           | <input type="checkbox"/> Permits to Operate     |
| <input type="checkbox"/> Site Inspection Reports          | <input type="checkbox"/> Source Test Reports                            | <input type="checkbox"/> Title V Permit         |
| <input type="checkbox"/> Toxic-Health Risk Assessment     | <input type="checkbox"/> Other (describe below or on additional pages): |   |
|   |   |   |
|   |   |   |
| Time Period of documents requested: From: _____ To: _____ |   |   |

**Requested Address Information (if applicable)**

|   |
|---|
| <input type="checkbox"/> Equipment Location Address                                     |
| <input type="checkbox"/> Owner Mailing Address  |
| <input type="checkbox"/> Billing Address  |
| Site Permit Number (if known): _____ Application and/or Permit Number (if known): _____ |

- I wish to inspect the requested records. I do not want copies produced at this time.
- I request that the Tehama County APCD contact me prior to copying the requested records if the cost exceeds \$20.00.
- I would like copies of the requested records.
- I hereby agree to reimburse the Tehama County APCD for the direct cost of duplication and any other applicable charges (See "District Public Records Disclosure Policy")

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**District Public Records Disclosure Policy:**

It is the policy that all District Records, not otherwise exempted from disclosure by statutory or case law, shall be open for public inspection with the least possible delay and expense to the requesting party. Toward this end, most records may be inspected at the District's offices with minimal delay. The District may require up to ten (10) days to copy requested records. The cost for copying public records is \$2.00 for the first page and .10 for each additional page. Exceptions are information reports which the District has previously copied and has available for general distribution. Records involved in enforcement proceedings may not be available pending the closure of the enforcement action.

|                                       |                        |                     |
|---------------------------------------|------------------------|---------------------|
| <b>For Internal District Use Only</b> |                        |                     |
| Date Received _____                   | Process Due Date _____ | Processed by _____  |
| Confidential Information _____        | Yes/ No _____          | Authorized by _____ |