



14306 Park Ave., Victorville, CA 92392-2310

Direct Dial: (760) 245-1661

PUBLIC RECORDS REQUEST FORM

PRR Office Use Only

LOG NUMBER

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:	
CITY:	STATE: ZIP CODE:
PHONE NUMBER:	FAX NUMBER:
E-MAIL ADDRESS:	

REQUESTED RECORDS

<input type="checkbox"/> Applications (APPLS)	<input type="checkbox"/> Site Inspection Reports (I/R)	<input type="checkbox"/> Asbestos Notifications/Records
<input type="checkbox"/> Permits to Operate (P/O)	<input type="checkbox"/> Emissions Reports	<input type="checkbox"/> Toxic-Health Risk Assessment (HRA)
<input type="checkbox"/> Notices of Violation (NOV)	<input type="checkbox"/> Test Reports & Protocols	<input type="checkbox"/> Facility Correspondences
<input type="checkbox"/> Notices to Comply (N/C)	<input type="checkbox"/> Engineering Evaluations	<input type="checkbox"/> Other (describe below or on additional pages)
<input type="checkbox"/> Complaints	<input type="checkbox"/> Air Monitoring Data	

TIME PERIOD OF DOCUMENTS REQUESTED	From:	To:
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REQUESTED FACILITY INFORMATION (If Applicable)

FACILITY NAME:		
FACILITY ADDRESS:		
CITY:	STATE:	ZIP CODE:
FACILITY I.D. NO. (if known):	APPL. AND/OR PERMIT 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 MDAQMD for the direct cost of duplicating the requested records in accordance with Gov. Code Sec. 6253(b).

Signature of Requestor

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



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To request a public records request, please fill out the form above and **e-mail**, or **mail** to:

Mojave Desert A.Q.M.D
Attention: Records Management
14306 Park Ave.
Victorville, CA 92392

E-Mail: RecordsRequest@mdamd.ca.gov