

# Butte County Air Quality Management District Public Records Request Form

**PLEASE PRINT**

Requestor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal Residence: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SPECIFIC PUBLIC RECORDS REQUESTED FOR DISCLOSURE:**

\_\_\_\_\_  
\_\_\_\_\_

**FACILITY NAME AND ADDRESS (if applicable):**

\_\_\_\_\_  
\_\_\_\_\_

**Dates/Timeframe for records cited above: (if applicable)**

From: \_\_\_\_\_ To: \_\_\_\_\_

**Please complete areas that apply:**

- Request to review Public Records itemized above at the District Office. For your convenience, the District will contact you to schedule an appointment to review records.
- Request Copy of Public Records cited above by:

Mail: _____ Office Pickup: _____
Charges may apply

Fax: _____ Email: _____
No charge

Please read the attached District Public Records Disclosure Policy Summary prior to signing your request.

**Signature of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Upon completion of form mail/fax/email to:**

Butte County Air Quality Management District, 629 Entler Avenue, Suite 15, Chico, CA 95928,  
Office: (530) 332-9400, Fax: (530) 332-9417, Email: [air@bcaqmd.org](mailto:air@bcaqmd.org)

