

MONTEREY BAY AIR RESOURCES DISTRICT
24580 SILVER CLOUD COURT
MONTEREY, CA 93940
(831)647-9411

Attn: Cynthia Searson, Engineering and Compliance Specialist
E-Mail: csearson@mbard.org

PUBLIC RECORDS REQUEST FORM

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 #:	EMAIL:	

RECORDS REQUESTED (3 ITEMS PER FORM)

<input type="checkbox"/> Permit Application(s)	<input type="checkbox"/> Permit Inspection Report(s)
<input type="checkbox"/> Permit(s) to Operate (PTO)	<input type="checkbox"/> Source Test Report(s)
<input type="checkbox"/> Authorities to Construct (ATC)	<input type="checkbox"/> Air Monitoring Data
<input type="checkbox"/> Engineering Evaluation(s)	<input type="checkbox"/> Complaints
<input type="checkbox"/> Notice(s) of Violation (NOV)	<input type="checkbox"/> Asbestos Notification(s)/Record(s)
<input type="checkbox"/> Notice(s) to Comply (NTC)	
<input type="checkbox"/> AB2588 "Hot Spots" information (air toxics)	
<input type="checkbox"/> Other (Describe below or on additional pages):	

REQUESTED FACILITY INFORMATION (If Applicable)

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

METHOD OF DELIVERY

<input type="checkbox"/> Pick Up	<input type="checkbox"/> Email	
<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> CD/DVD/Flash Drive	<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.		