

**LAKE COUNTY AIR QUALITY MANAGEMENT DISTRICT**

**2617 South Main Street, Lakeport, CA 95453**

**Phone 707-263-7000, Fax 707-263-0421**

**Data Request Form**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Data Description(s) \_\_\_\_\_

\_\_\_\_\_

DATE(s): \_\_\_\_\_ TIME(s): \_\_\_\_\_

LOCATION(s): \_\_\_\_\_

**PURPOSE** (ie. General information, environmental review, legal etc. BE SPECIFIC).

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Costs charged at staff rate with requests processed as time permits. Data may be reviewed by appointment. Reproduction and postage charged at cost. Costs exceeding \$20 will require a deposit prior to processing request.