SACRAMENTO METROPOLITAN

AIR QUALITY
MANAGEMENT DISTRICT

SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT
INCENTIVE PROGRAM AGREEMENT CONTACT INFORMATION UPDATE FORM

This form is intended for participants to update their contact information under an existing incentive program agreement with the Sac Metro Air District. This form will update contact information for regular communication under the agreement. This form cannot be used to change performance requirements, modify project information (e.g. VIN, engine serial number, retrofit type), or to make other changes to the agreement.

Please Indicate All Changes Below:

Current Company Name: _____

Current Agreement Number: _____

☐ **Change Mailing Address – to receive surveys, letters and other correspondence Sac Metro Air District**

New Address: _____

City: _____ State:_____ Zip Code: _____

☐ **Change Phone Number – provide an updated number to reach company contact person**

New Phone Number: (_____) _____

☐ **Change Contact Person – person responsible for routine communication for the agreement**

New Contact Name: _____

New Contact Title: _____

New E-mail Address: _____

New Phone Number: (_____)_____

☐ **Change Authorized Representative – person legally responsible for the agreement (contract signatory)***

New Signatory Name: _____

New Signatory Title: _____

New E-mail Address: _____

New Phone Number: (_____) _____

☐ **Change Company Name***
New Company Name: _____

* Changes to authorized representative and/or company name may require an amendment to the original contract.

All changes must be approved an authorized representative of the above company as shown. Signing below authorizes the Sac Metro Air District to change its records.

Authorized Representative Signature: _____Date: _____