



_____ ANNUAL REPORT – CREMATORY

(enter year here)

Company Name: _____ **Permit #:** _____

Facility Address: _____

Facility Contact: _____ Facility Contact Title: _____

Phone Number: _____ Email: _____

Instructions:

- Specify the material charged.
- List the monthly, quarterly, and annual total charge weight for the reporting year.
- List the monthly, quarterly, and annual total run time hours for the cremator.

Total Charge Weight (pounds)												
Material Charged: <input type="checkbox"/> Human Remains <input type="checkbox"/> Animal Remains												
Quarter:	Q1			Q2			Q3			Q4		
Month:	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Monthly Total:												
Quarterly Total:												
Annual Total:												

Cremator Run Time (hours)												
Quarter:	Q1			Q2			Q3			Q4		
Month:	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Monthly Total:												
Quarterly Total:												
Annual Total:												

Any information presented must be true and correct to the best of your knowledge. California Health and Safety Code 42400.3.5 and 42402.4 establish separate criminal and civil penalties for any person who, knowingly and with intent to deceive, falsifies any document required to be kept pursuant to any rule, regulation, permit, or order from the Sacramento Metropolitan Air Quality Management District. By signing below, I certify that all information is true and accurate and complete to the best of my knowledge and ability.

Name: _____ Signature: _____ Date: _____