



ANNUAL REPORT

(enter year here)

Company Name: _____ **Permit #:** _____
Facility Address: _____
Facility Contact: _____ **Facility Contact Title:** _____
Phone Number _____ **E-Mail:** _____

Instructions:

- List each permitted piece of equipment.
- List each unit’s fuel type.
- Indicate if the unit is connected to the main building gas meter.
- List the fuel usage for the reporting year for each piece of equipment.

Equipment Type	Fuel Type	Is this unit connected to main building gas meter?	Annual Fuel Usage for the Reporting Year (Therms)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any other pieces of equipment on this meter or bill?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Usage
Equipment Type:		
Equipment Type:		
Equipment Type:		
If there are more pieces of equipment, please attach an additional report		

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: _____