

LOW FUEL USAGE METER VERIFICATION FORM

Important: This form must be completed and mailed or faxed back to the District upon installation of the meter.

Permit Number:	<input type="text"/>
Company Name:	<input type="text"/>
Facility Location:	<input type="text"/>
Phone Number:	<input type="text"/>

Meter Information:

Check the type of meter installed – Must be a totalizing, non-resetting meter.

Fuel meter – temperature and pressure compensated

Fuel meter – **not** temperature and pressure compensated

Hour meter

Date meter was installed:

Initial meter reading:

Certification:

The information you are providing is subject to provisions of the California Health and Safety Code Sections 42303.5 and 42402.4:

42303.5 "No person shall knowingly make any false statement in any application for a permit, or in any information, analyses, plans, or specifications submitted in conjunction with the application or at the request of the air pollution control officer." 42402.4 "..., any person who knowingly and with intent to deceive, falsifies any document ..., is liable for a civil penalty of not more than thirty-five thousand dollars (\$35,000)."

I hereby certify that the information provided is true.

Name of owner/operator

Title: Phone:

Signature of owner/operator _____ Date:

Mail to: SMAQMD
Permitting Section
777 12th Street, 3rd Floor
Sacramento, CA 95814-1908

or Fax to: ATTN: Permitting Section
(916) 874-4899