

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/process and each piece of equipment/process' fuel type if applicable.
- Indicate if the equipment unit is connected to the main building gas meter.
- List the usage for the reporting year for each piece of equipment and the reporting units (therms, hours, lbs, etc.)

Equipment/ Process Type	Fuel Type	Is this equipment connected to the main building gas meter?	1 st Quarter Usage	2 nd Quarter Usage	3 rd Quarter Usage	4 th Quarter Usage	Annual Usage	Units
		<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: _____