

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 method used for determining annual fuel usage	<input type="checkbox"/> Non-resetting totalizing fuel meter
	<input type="checkbox"/> Non-resetting totalizing hour meter
Date meter was installed:	<input type="text"/>
Initial meter reading:	<input type="text"/>

Certification:
The information you are providing is subject to provisions of the California Health and Safety Code Sections 42303.5 and 42402(a):
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(a) "..., any person who violates ..., any rule, regulation, permit, or order of a district, ... , is strictly liable for a civil penalty of not more than one thousand dollars (\$1,000)."
I certify that the information provided is true.
Name of owner/operator <input type="text"/>
Title: <input type="text"/> Phone: <input type="text"/>
Signature of owner/operator _____ Date: <input type="text"/>

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

or Fax to: ATTN: Permitting Section
279-207-1144