



COLUSA COUNTY AIR POLLUTION CONTROL DISTRICT

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REQUEST FOR INFORMATION

DATE _____

NAME

Print _____

Signature _____

ADDRESS _____

Phone _____

Fax _____

EMAIL _____

INFORMATION REQUESTED:

REQUESTED DATA FORMAT: (Excel, pdf, etc.) _____

PREFERRED DELIVERY METHOD:

E-mail

Ground Mail

Pick-Up

Other: _____

Depending on information and format requested, there may be a charge for this information. Any charges must be paid prior to information being sent. You will be contacted with payment amount if needed.

OFFICE-USE ONLY	
Summary of Charges	
Hours _____	Charge OK'd by: _____
	Delivered by: _____
Cost Quote _____	Quote date/time: _____
Summary of Work & Payment	
Completed _____	Payment Method: _____
Today's Date _____	Payment Rec'd: _____