AIR QUALITY MANAGEMENT DISTRICT
1855 Placer Street, Redding, CA 96001

TO: CUSTODIAN OF RECORDS

_____**OR**_____

Agency Name **Individual Name**

CONTACT EMAIL: _____

CONTACT PHONE: _____

DATE: _____

SUBJECT: REQUEST FOR PUBLIC RECORDS

This request is submitted for inspection of public records pursuant to the California Public Records Act, Section 6250 et seq. California Government Code.

DESCRIPTION OF RECORDS REQUESTED:_____

RECEIVED BY: _____DATE:_____

Air Quality Management District (530) 225-5674 * FAX: (530) 225-5237 * EMAIL: airquality@co.shasta.ca.us