



South Coast Air Quality Management District

Form R1402

Verification Form for Distribution of Public Notices and Health Risk Assessments

Mail To: South Coast AQMD - AB 2588 Program 21865 Copley Dr. Diamond Bar, CA 91765

Tel: (909) 396-3616 www.aqmd.gov

Section A - Facility Information
Facility Name (Business Name of Operator):
South Coast AQMD Facility ID:
Facility Location Address:
Facility Mailing Address:
Check here if same as facility location address
Street Address
City, CA
Zip Code
City, State Zip Code
Facility Contact:
Name Title Phone Number E-Mail
Section B - Verification of Public Notification Requirements
Dates of Distribution:
Public notice materials to all addresses in the area of impact.
Public notice materials to students and parents of students attending schools in the area of impact.
Section C - List of Attachments
The following documents have been attached:
Proof of distribution of the notice materials to all addresses required.
List of schools for which notices were distributed to parents of attending children.
Section D - Authorization/Signature: I hereby certify that all the information contained herein are true and correct.
Signature of Responsible Official:
Title of Responsible Official:
Print Name of Responsible Official:
Date Signed (mm/dd/yy):
Phone Number of Responsible Official:
Email Address of Responsible Official: