

## ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY REPORTING FOR OPEN BURNING PERMIT #

Name	of the	Permitt	ee.

Mailing Address of the Permittee:

Physical Address where the open burning was conducted (Street address, latitude and longitude or legal location to the nearest section):

Date when Open	Type of Material	Quantity of the	Fire Type	Type of Emission
Burning was	Burned	Material Burned	(Piles, burned in place in	Reduction
conducted	(e.g. Grass, Crop,	(Acres, size of	an approved burn	Technique(s) used
	Brush, Land)	piles)	container, broadcast)	

Please mail this form to the permit issuing agency (ADEQ or delegated fire department)

Attach additional sheets, if necessary.

Arizona Department of Environmental Quality 1110 W. Washington Street, 3415A-3 Phoenix, Arizona 85007

Fax: (602) 771-2366

Check here if no open burning took place during the calendar year and no burns to report under this Open Burn Permit.

Arizona Department of Environmental Quality Southern Regional Office/CPU/AQCT 400 W. Congress St. Ste.433 Tucson, AZ 85701-1352 Fax: (520) 628-6745



## CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS

I certify that I have knowledge of the facts herein set forth, and in this report that the same are true, accurate, and complete to the best of my knowledge and belief. I acknowledge that all information not identified by me as confidential shall be treated by the Arizona Department of Environmental Quality as a public record.

Name (Print/Type):	
(Signature): —	Date:
	Certification of Truth, Accuracy, and Completeness Arizona Administrative Code R18-2-304.H
compliance certification su official of truth, accuracy, under this Article shall sta	of Truth, Accuracy, and Completeness. Any application form, report, or abmitted pursuant to this Chapter shall contain certification by a responsible and completeness. This certification and any other certification required te that, based on information and belief formed after reasonable inquiry, the in the document are true, accurate, and complete.
• •	hereby certify that based on information asonable inquiry, the statements and information in this document are true
Name (Print/Type): ——	
(Signature): —	Date: ————