



# Annual Emissions Inventory Facility Status

Air Quality SIP Section  
 Attention: Adam Ross  
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### SECTION I: *Plant Identification & Mailing Information*

Company Name			
Facility Name			
Mailing Address			
City		County	
State		ZIP	
Phone		Fax	
Place ID#		Permit #	

### SECTION II: *Emission Inventory Contact*

Name			
Title			
Phone		Fax	
Email			

### SECTION III: *Status of Operation*

	Dates	Reason
Non-operational		
Temporarily Shutdown		
In Storage		
Other		

### SECTION IV: *Certification of Truth & Accuracy*

I certify that based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete. All information not identified by me as confidential in nature shall be treated by the Arizona Department of Environmental Quality as public record.

Signature of Responsible  
 Official:

Date:

PRINT NAME		TITLE	
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