

1. Permit Number _____ 2. Reporting period (calendar year): _____

3. Company information:

| | |
|------------------------|--|
| Legal Name: | Other company name (if different than legal name): |
| Mailing Address: | Site Address (if different than mailing address): |
| City, State, Zip Code: | City, County, Zip Code: |

4. Site Contact Person:

| | |
|--------|-------------------|
| Name: | Telephone number: |
| Title: | Fax Number: |
| Email: | |

5. Number of gallons of VOC and/or HAP containing coatings and solvents used per year: _____

6. Please list any air quality/nuisance complaints received within the last calendar year? How were the complaints addressed?

7. Certifying Signature

| | |
|--------------------------------------|-------------------------------------|
| Name of official (Printed or Typed): | Title of official and phone number: |
| Signature of official: | Date: |

PLEASE SUBMIT THIS REPORTING FORM TO:

Please submit this form to the Permit Coordinator at the following address:

Lane Regional Air Protection Agency
1010 Main Street
Springfield, OR 97477
(541) 736-1056