PDEQ Contact Information Form

Date: _____

Pima County Department of Environmental Quality
Air Program
33 N. Stone Avenue, Ste 700
Tucson, AZ 85701-1429

Please check the box(s) identifying the change requested and complete all associated information below:

Request: ☐ **Responsible Official** ☐ **Additional Responsible Official** ☐ **Invoicing Contact**

☐ **Mailing Address** ☐ **Phone** ☐ **Fax** ☐ **E-mail** ☐ **No Invoicing Contact Requested**

Air Quality Permit(s)/ ATO #(s) _____

Responsible Official Change

I request a change of the primary Responsible Official for the above referenced permit.

I, Name: _____, will assume the role as the primary Responsible Official for the certification of all letters, reports, notifications and applications submitted to PDEQ. In accordance with our operating permit, pursuant to PCC 17.04.340.A.200, I will replace the current Primary Responsible Official, Name: _____.

Contact Information Change:

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Additional Responsible Official Change

I request an additional responsible official(s) for the above referenced permit.

I, Name: _____, am the primary Responsible Official for the certification of all letters, reports, notifications and applications submitted to PDEQ. In accordance with our operating permit, pursuant to PCC 17.04.340.A.199.a.ii I am adding the following additional person(s) as Responsible Official(s) for the above referenced permit:

Name and Contact Information of Additional Responsible Official(s):

Name: _____

☐ **Same as Responsible Official**

Address: _____

City: _____, State: ___ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Name: _____

☐ **Same as Responsible Official**

Address: _____

City: _____, State: ____Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Invoicing Contact Change

I request the addition of/change in the invoicing contact for the above referenced permit. The following person/department: Name: _____, will assume the role as the invoicing contact for all permit billing and invoicing purposes required by PDEQ. As the Responsible Official for the air quality permit/ ATO, I fully acknowledge that any invoices not paid by the invoicing contact constitute non-compliance and may result in a subsequent enforcement action.

Contact Information Change:

☐ **Same as Responsible Official**

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Pursuant to PCC 17.12.165.H/ PCC 17.12.160.I, I, _____ certify that based on information and belief formed after reasonable inquiry, the statements and information in this document are true accurate and complete.

Sincerely,

_____
Signature of Responsible Official

_____
Official Title of Responsible Official