



SAN ANTONIO HEALTH DEPARTMENT AIR PROGRAM REGISTRATION FORM

UPON COMPLETION, PLEASE CORRESPOND OR MAIL USING THE INFORMATION PROVIDED BELOW

QUESTIONS:	MAIL CHECK AND REGISTRATION TO:
SAN ANTONIO METROPOLITAN HEALTH DISTRICT ATTN: AIR PROGRAM Health Program Manager VOICE (210) 207-2071	CITY OF SAN ANTONIO SAN ANTONIO METROPOLITAN HEALTH DISTRICT ATTN: AIR PROGRAM 111 SOLEDAD, SUITE 1000 SAN ANTONIO, TEXAS 78205

FACILITY INFORMATION REQUIRED:	
FACILITY NAME:	
DBA:	
FACILITY STREET LOCATION:	
CITY, ST ZIP:	
BILLING ADDRESS:	
CITY, ST ZIP:	
MONTH & YEAR OPENED: ____/____	FACILITY EMERGENCY CONTACT:
FACILITY PHONE: ()	
FAX: ()	PHONE: ()

TYPE OF BUSINESS	NUMBER OF EMPLOYEES
EMISSIONS TYPE	QUANTITY (IF KNOWN) - ATTACHED

CONTACT INFORMATION:	
OWNER FULL NAME AND ADDRESS:	OWNER EMAIL:
	PHONE: ()
NOTES TO PROGRAM STAFF:	
For Fiscal use only:	