



CITY OF SAN ANTONIO METROPOLITAN HEALTH DISTRICT AIR POLLUTION CONTROL PROGRAM REGISTRATION FORM

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

QUESTIONS:	MAIL CHECK AND REGISTRATION TO:
City of San Antonio San Antonio Metropolitan Health District ATTN: Air Program Health Program Manager Contact Number (210) 207-4052	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: ()
BUSINESS TYPE	
NAICS/SIC	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:	