



BAY AREA  
AIR QUALITY  
MANAGEMENT  
DISTRICT

BAY AREA AIR QUALITY MANAGEMENT DISTRICT  
939 ELLIS STREET  
SAN FRANCISCO, CA. 94109

ATTENTION: ADMINISTRATIVE SERVICES DIVISION  
e-mail request to: *publicrecords@baaqmd.gov*

Office Use Only  
P.R.R. NUMBER

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Direct Dial: (415) 749-4761  
FAX: (415) 749-5111

**PUBLIC RECORDS REQUEST FORM**

**ATTENTION REQUESTOR:** To expedite your request for District records, please fill out this form completely. Specifically identify the type of records you are requesting from the list below. **NOTE:** There is a limit of one facility or one site address per request form.

**REQUESTOR INFORMATION**

NAME: <i>Rob Simpson</i>		DATE:	
COMPANY:			
MAILING ADDRESS: <i>27126 Grandview Ave</i>			
CITY: <i>Hayward</i>	STATE: <i>CA</i>	ZIP CODE: <i>94542</i>	PHONE NUMBER: <i>510-909-1800</i>

**REQUESTED FACILITY INFORMATION**

FACILITY NAME: <i>Russell City Energy Center</i>		
FACILITY ADDRESS:		
CITY:	STATE:	ZIP CODE:
TIME PERIOD OF DOCUMENTS REQUESTED:	From:	To:

**REQUESTED RECORDS (Check no more than three applicable items)**

<b>Complaint Information</b> <input type="checkbox"/> Complaint Printout <input type="checkbox"/> Specific Complaint #	<b>Notice Of Violation Information</b> <input type="checkbox"/> NOV Printout <input type="checkbox"/> Specific NOV # <input type="checkbox"/> AB2588 Inventory <input type="checkbox"/> Source Test Reports <input type="checkbox"/> Lab Report # <input type="checkbox"/> Review Permit Files * <input type="checkbox"/> Review Enforcement Files ** <input type="checkbox"/> Review Rule Development Files ** <input type="checkbox"/> Asbestos Notifications	<b>OTHER: ***</b> <i>Documents subpoenaed to EPA Record.</i>
<b>Episode Information</b> <input type="checkbox"/> Episode Printout <input type="checkbox"/> Specific Episode #		
<b>Permit Application Information</b> <input type="checkbox"/> Permit Application Printout <input type="checkbox"/> Specific Application # <input type="checkbox"/> Permit Conditions		

\* Subject to facility review (i.e., trade secrets).

\*\* You will be contacted to schedule an appointment date to review records.

\*\*\* If what you are seeking is not on this Form, you may attach a letter with additional information on the request.

Cost: *Copies: \$.10 per page; Diskette \$5.00; CD \$10.00; Audiotape \$5.00; Microfiche sheet \$8.00.*

Note: After a preliminary estimate, advance payment may be required.

I hereby agree to reimburse the BAAQMD for the direct cost of duplicating the information requested in accordance with Gov't Code Section 6253(b).

**OFFICE USE ONLY:**

- Enclosed are the records you requested.
- We are unable to provide the records you requested.
  - A search was made but no records were found.
  - We are unable to find the record you requested because the request did not include sufficient information to find it.
  - Out of District's Jurisdiction.