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ANNUAL REPORTING FORM COVER PAGE FOR:
SIMPLE AND STANDARD ACDPS **AQ107**

LRAPA
Lane Regional Air Protection Agency

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

3. **Company information:**

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

4. **Facility Contact Person:**

Name:	Telephone Number:
Title:	E-mail:

5. **Signature**
By signing below, I hereby certify that I have personally examined and am familiar with the information submitted in this report and that the information contained in this report is true, accurate and complete to the best of my knowledge and belief.

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

WHERE TO SUBMIT THIS REPORT:

Please submit this form and applicable attachments to the Permit Coordinator at the following email:
permitting@lrapa-or.gov
Call (541) 736-1056 with any questions

LRAPA
Lane Regional Air Protection Agency

6. Contact List:

Company Information:

Legal Name:	Other company name (if different than legal name):

Site Contact Person: *(A person who deals with LRAPA staff about equipment related problems or issues.)*

Name:	Telephone number:
Title:	E-mail address:

Facility Contact Person: *(A person involved with all environmental issues at the facility although they may be housed at a different site.)*

Name:	Telephone number:
Title:	E-mail address:

Mailing Contact Person: *(A person for which the company would like all agency communications directed.)*

Name:	Telephone number:
Title:	E-mail address:

Invoice Contact Person: *(If other than the site contact person, a valid contact information to which invoices and communications related to resolving invoice questions can be directed.)*

Name:	Telephone number:
Title:	E-mail address: