ANNUAL REPORTING FORM FOR:
SAWMILLS AND WOOD FURNITURE AND FIXTURES MANUFACTURING **AQRB-009**

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

3. Company information:

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

4. Site Contact Person:

Name:	Telephone number:
Title:	E-mail:

5. Maximum amount of lumber inputted in an 8-hour period: _____ bd. ft.

6. Annual amount of lumber used/produced in the calendar year: _____ bd. ft.

7. Amount of VOC containing coatings used during the previous calendar year: _____ gallons

8. Please list any air quality/nuisance complaints received within the last calendar year. How were the complaints addressed?

9. Certifying Signature

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

SUBMISSION INSTRUCTIONS:

Email this completed form to the Environmental Coordinator at **permitting@lrapa-or.gov**

Call (541) 736-1056 with any questions.