

**Tehama County Air Pollution Control District**  
**Transfer of Ownership**

(Please return along with \$56.50 payment)

**Permit Number:** \_\_\_\_\_

**Transaction Date:** \_\_\_\_\_

**New Owner**

**If Applicable:**

E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

**For billing and correspondence**

Contact : \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Facility Information:**

Facility Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Previous Owner**

Contact : \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_