

# Tehama County Air Pollution Control District

## Transfer of Ownership

(Please return along with \$60.00 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: \_\_\_\_\_