

Relocation Notice

Form AQ107

Air Contaminant Discharge Permit No. _____ Company Name: _____

To: DEQ/Air Quality Program, Permit Coordinator

Attn: _____ Email: _____

From: _____ Phone: _____

Anticipated date of relocation: _____

Street address & town name or nearest town to new site: _____

Directions from the nearest town to the new site:

If available, transmit a copy of the appropriate map.

I have documentation that my activities and operations are allowed by the local planning or zoning jurisdiction (or Department of Land Conservation and Development (DLCD) for operation at the location above.

Contact information of local planning or zoning jurisdiction (or DLCD):

(name and phone number (include email address, if available))

Estimated length of stay: _____
(days, weeks, or months)

Contact person at the site: _____
(name and phone number)

Name of Official

Title of Official & Phone Number

Signature of Official

Date

Submit Relocation Notice to the appropriate Regional Office by selecting the County where the facility is located.

Select County:	Submit via email to:
Oregon Department of Environmental Quality	