

Annual Reporting Form: Crematories

Form AQRB-003

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 (required)	Zip Code:

4. Site Contact Person:

Name:	Telephone number:
Title:	Email / Fax Number:

5. Amount of material incinerated during the previous calendar year (tons): _____
6. Please list any air quality/nuisance complaints received within the last calendar year. How were the complaints addressed? (If necessary, attach a separate page or write the information on the back of this form.)
7. Include all other information required to be reported by your permit:

8. Certifying Signature:

_____ Name of Responsible Official	_____ Title of Responsible Official
_____ Signature of Responsible Official	_____ Date

Submit reporting form to the appropriate Regional Office by selecting the county where the facility is located.

Select County:
Oregon Department of Environmental Quality