

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:	Fax Number:

5. Tons of rock, concrete or asphalt crushed in the last calendar year: _____

6. While operating inside the Medford-Ashland AQMA, maximum daily amount of rock, concrete or asphalt crushed:

7. 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.)

8. Certifying Signature

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

PLEASE SUBMIT THIS REPORTING FORM TO THE ADDRESS LISTED ON THE FRONT PAGE OF YOUR CURRENT PERMIT.

Please submit this form to the Permit Coordinator at the Oregon Department of Environmental Quality regional office shown on the cover page of the permit.