

AIR POLLUTION CONTROL DISTRICT

APPLICATION FOR:	AG Burn	Open I	Burn		
Business Name		2. Responsible Per	2. Responsible Person		
. Mailing Address		4. City	State	Zip Code	
Office Phone		6. Cell Phone	6. Cell Phone		
	Following section is	for listing field infc	ormation		
Canal	Gate	Сгор		Acres	
Crossroads		City			
Canal	Gate	Сгор		Acres	
Crossroads		City			
I hereby certify that: I am the	etch or further information. ne owner or manager of the lar o burning in accordance with th				
Signature of Responsible Person			Date		
	due upon submittal. This of urn Fee refer to Rule 301 su OFFIC				
Date application submitted:			Amount paid:		
Received by:		Receipt numb	ber:		