

ANNUAL STAGE I MONTHLY GASOLINE THROUGHPUT FORM



LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT
AIR POLLUTION CONTROL DISTRICT
850 Barret Avenue
Louisville, KY 40204
(502) 574-6000 FAX (502) 574-5607

Please complete this form and return to the above address, in care of Environmental Supervisor, Vapor Recovery. For companies with more than one site or facility, copy and complete a form for each facility. Note clearly on each form the location of each facility.

Company Name:		APCD Co. ID*:	
Your Name (Authorized Signer):			
Facility Name:		Address:	
City:		State:	
		ZIP:	

*The APCD company ID # is a 4-digit number beginning with 5 or 6. If you don't know it, you can leave it blank.

MONTH	YEAR: 2008	GALLONS OF GASOLINE
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Based on the information and belief formed after reasonable inquiry, I certify that the statements and information in this document are true, accurate and complete.

Authorized Signature: _____ Date: _____

Printed Name **Title**