Request for Hearing Before The Clark County Air Pollution Control Hearing Board				For DAQ Use Only					
				Invoic	e Number:				
						•			
Appeal									
Proposed Permit:			rce ID:						
Date of Appeal:  Date of appeal must be within 10 days of the Final Action Report			date of						
Filing Fee: \$140.00									
1. Appellant Information:									
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Name:		Camba	Title:						
		Street:	ct intorma	ation			Cuita	PO Box:	
=		Street:					Suite:	PO BOX:	
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City:	- V3				State:		Zip:		
Email Address:									
	0	Pho	ne <b>N</b> umbe	ers					
Office:	Extension:		C	ell:			Fax:		
2. Reason for App	peal:								
Provide a detailed	d explanation of the reason for	your appeal:							
3. Appellant Cert	ification Statement. By signing	g this appeal requ	uest, the s	ignatory	y acknowledge	s and certif	ies the followir	ng:	
a. A filing fee of \$140.00 must accompany this appeal request, which is non-refundable. Cash payments are not accepted. Checks and money orders must be made payable to the Division of Air Quality or DAQ. Only Visa and Mastercard credit cards may be accepted as payment. Visa or Mastercard payments must be made at the department main office when the appeal request is submitted in person.									
b. The appeal re- Las Vegas, NV	quest with full payment must b 89118.	e deli <b>v</b> ered or ma	iled to th	e Di <b>v</b> iSio	n of Air Qualit	y, 4701 W. F	Russell Road, Su	ite 200,	
<ul> <li>The appellant or a representative of the appellant must be present at the hearing board meeting to answer any questions by the Air Pollution Control Hearing Board Members. Please include any supporting documentation with this form for distribution to the respective board members. Appeal request must be received by the department within 10 days of the date of the Final Action Report.</li> <li>I affirm that all statements made in this appeal request, including any supporting documentation, are true and complete to the best of</li> </ul>									
my knowledge	e.	al request, includ	ing any su	upportin <sub>i</sub>	g documentati	on, are true	and complete	to the best of	
Appellant Certific	ation								
Appellant's Signature							Signature Date		