AIR QUALITY MANAGEMENT DIVISION
WASHOE COUNTY HEALTH DISTRICT

Declaration of Residential Exemption from the Mandatory Curtailment Requirement

Property Address _____ City _____ State & Zip Code _____

Property Owner's Name _____ ( ) Phone Number _____

Property Owner's Mailing Address _____ City _____ State & Zip Code _____

Occupant's Name (If different from owner) _____ ( ) Phone Number _____

Occupant's Mailing Address _____ City _____ State & Zip Code _____

This form is to declare eligibility for the exemption from the mandatory curtailment requirement in **Section 050.001 of the Emergency Episode Plan of the District Board of Health Regulations Governing Air Quality Management**. This section prohibits the use of all solid fuel burning devices including fireplaces, wood stoves or pellet devices when a mandatory curtailment is declared by the District Health Officer due to elevated air pollution levels.

To declare eligibility for an exemption from the mandatory curtailment provisions in Section 050.001, please answer the following questions:

1. Is natural gas (not propane) service available to the residence? [ ] Yes [ ] No
2. Is wood burning the sole source of heat in the residence? [ ] Yes [ ] No

If you answered "yes" to question 2, please check the appropriate box below and provide an explanation using the back of this form.

[ ] The residence has another source of heat but it is not used because we cannot afford to pay for fuel.

[ ] The residence has another source of heat that does not work or is unsafe to use. Assistance for weatherization and heater repairs may be available through Community Services Agency (786-6023). A copy of a repair or replacement estimate from a certified repair company must be included with this form to be considered for an exemption.

[ ] The residence has no other source of heat. Wood/Pellet burning is the only source of heat in the residence.

I certify that the answers to the above questions are true and correct. I authorize an inspector from the Washoe County Health District Air Quality Management Division to inspect my residence to verify these statements, if needed.

Signature _____ Print Name _____ Date _____

Return this form to the:

Air Quality Management Division
PO Box 11130
Reno NV 89520

11/2010