

**AIR QUALITY MANAGEMENT DIVISION**

**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 (CSA). For more information, contact CSA at (775) 786-6023 or visit [www.csareno.org](http://www.csareno.org). 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  
1001 East Ninth Street B171  
Reno NV 89512

