



WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT
1001 E 9th Street, Suite B171
Reno NV 89512
(775) 784-7200 / fax (775) 784-7225

WOOD-BURNING DEVICE REMOVAL VERIFICATION
(Include mandatory Device Destruction Receipt with submittal)

Date _____

Address where stove was removed _____

Homeowners Name _____

Homeowners Phone # _____

APN # _____ Escrow # _____

Escrow Agent: _____

WOOD-BURNING DEVICE INFORMATION:

Make _____ Model _____

REMOVAL DATE: _____

Comments

WOODSTOVE INSPECTOR:

Name _____ Business _____

Address _____

Phone No.: _____ Woodstove Inspector No.: _____

I, _____ hereby swear (or affirm) under penalties prescribed for perjury in NRS 199.120, that the above information is true and correct of my own knowledge.