# South Coast
# Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4182
(909) 396-2000 • www.aqmd.gov

**FEE REVIEW REQUEST FORM**

The South Coast Air Quality Management District has formed a Fee Review Committee, composed of representatives from Public Advisor, Finance, Engineering and Compliance, and District Counsel to resolve fee related disputes. If you believe that an invoice you have received from the AQMD is in error, please complete this form and mail it to:

> South Coast Air Quality Management District
> Fee Review Committee
> Attention: Public Advisor
> 21865 Copley Drive
> Diamond Bar, CA 91765-4182

The Fee Review Committee will schedule your request for review. The Fee Review Committee will respond to each request in writing.

| |
|---|
| Company Name: _____ |
| Facility Address: _____ |
| Mailing Address: _____ |
| Phone Number ( ) _____  Company ID# _____ |

You must submit the following information to assist the Committee in resolving your dispute.

1. A copy of the invoice, or request for payment, which you dispute.

2. A clear identification of the disputed items.

3. A statement describing why you dispute this fee.

4. Any supporting material that you believe will help the Committee in its task.

5. If you are requesting a payment plan due to financial hardship, your company <u>must</u> provide documentation to confirm the hardship. This could be copies of bank statements, financial reports, income tax returns, etc. Repetitive payment plan requests are discouraged.

Please Check one of the following options:

_____ I would like a personal meeting with the Fee Review Committee.

_____ I do not want a personal meeting with the Fee Review Committee.


_____               _____
Print name                                                    Signature

_____               _____
Print title                                                       Date

*Cleaning the Air We Breathe…*

The amount(s) on the invoice, or request for payment, that I want the Committee to review is:

| Application and/or Permit # | Amount | Transaction number |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The individuals at the AQMD with whom I have discussed this issue are:

| Name | Title/Group | Date |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The reason I am requesting a fee review is: (Provide a clear statement describing why this fee is being disputed. Also, please tell us what you would like the Committee to do to resolve your problem. Attach additional pages if necessary).