

Facility Monthly Gasoline Throughput Data

Facility Name: _____ SCAQMD Facility ID: _____

Facility Location: _____

Contact Name: _____ Telephone No.: _____

Calendar Year _____

Month	Gasoline Dispensed (Gallons)
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total	

I certify under penalty of perjury that I am the owner or operator of the gasoline dispensing facility identified above and that the data provided above accurately reflects the amount of gasoline dispensed at the above identified facility for the stated periods.

Signature¹: _____ Date: _____

Name: _____ Title: _____

Email Address: _____ Phone: _____

¹The signer must be a person who owns or operates the gasoline dispensing facility.

Please complete the information above and submit via FAX to 909-396-3761