South Coast AQMD

RULE 1173 COMPONENT LEAK REPORT (FORMERLY FORM C)

Please submit all Rule 117
reports electronically to
Rule1173Reports@agmd.go

	YFAR:	QUARTER:	Rule1173Reports@agmd.gov
South Coast AQMD	I LAK.	QO/II(I LIV.	<u></u>
Facility Name:	Facility ID#:	Report Date:	
Fac. Address:		City/Zip:	
Contact Name:	Phone:	Email:	

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