



**CONTACT INFORMATION UPDATE FORM**

**Submittal Instructions**

Forms may be submitted by email. After completing the form electronically, save it to your computer, then attach and email the form to AQPermits@maricopa.gov. Forms may also be submitted in person or mailed to:

Maricopa County Air Quality Department, 3800 N. Central Ave., Suite 1400, Phoenix, AZ 85012  
 - OR -  
 One Stop Shop, 501 N. 44th St., Suite 200, Phoenix, AZ 85008

Email will be the department's primary means for routine communication with you, unless you do not have an email account. Please be sure that your e-mail address is entered correctly.

Use this form to update the types of contacts listed below.

Permit Number  Current Business Name

If Updating Business Name, Indicate New Name

**Types of Contacts**

- On-Site Contact: This representative is the designated contact for the facility. They will be contacted when Air Quality staff arrives on-site.
- Owner Contact: This is the business owner who will receive any failed mailing attempts and any violation or enforcement documents.
- Permit Contact: This designated representative will handle all permit related questions, and may or may not be located on-site. This representative will also receive routine documentation mailed by Air Quality Department such as invoices, permits and renewals.

\* You may select more than one contact type per update box.

<input type="checkbox"/> On-Site Contact		<input type="checkbox"/> Owner Contact		<input type="checkbox"/> Permit Contact	
Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Mobile	<input type="text"/>	Email	<input type="text"/>



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<input type="checkbox"/> On-Site Contact						<input type="checkbox"/> Owner Contact			<input type="checkbox"/> Permit Contact			
Name	<input type="text"/>											
Address	<input type="text"/>											
City	<input type="text"/>				State	<input type="text"/>			Zip Code	<input type="text"/>		
Phone Number	<input type="text"/>			Mobile	<input type="text"/>			Email	<input type="text"/>			

<input type="checkbox"/> On-Site Contact						<input type="checkbox"/> Owner Contact			<input type="checkbox"/> Permit Contact			
Name	<input type="text"/>											
Address	<input type="text"/>											
City	<input type="text"/>				State	<input type="text"/>			Zip Code	<input type="text"/>		
Phone Number	<input type="text"/>			Mobile	<input type="text"/>			Email	<input type="text"/>			