



## SMAQMD Rulebook Subscription Form

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Init:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Extension** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

Please fill in the quantities and calculate the total cost.

Description	Unit Cost	Quantity	Total Cost
Rulebook with binder, dividers, and updates for one year			
Rulebook updates for one year			
<b>TOTAL COST</b>			

Print and mail this form with your check, payable to the Sacramento Metropolitan AQMD, for the total cost to:

**Attention: Rule Book Subscriptions**  
 Sacramento Metropolitan Air Quality Management District  
 777 12<sup>th</sup> Street, Third Floor  
 Sacramento, CA 95814

**Do not mail cash.** If you are paying by cash, please deliver this form in person.

FOR OFFICE USE ONLY	
Date: _____	Amount Paid: _____
Payment Type:      (    ) Cash    (    ) Money Order    Check No.: _____	