

THE FOLLOWING INFORMATION IS REQUESTED WHEN REPORTING **SMOKING VEHICLES:**

AUTO	BUS		TRUCK	
CA LICENSE NUMBER	!			
COLOR OR MAKE OF	VEHICLE			
NAME OF BUS OR TR	UCK COMPANY			
DATE (MONTH/DAY)	,	AM	PM	
NAME OF FREEWAY O	DR STREET			
CITY				

SMOKING VEHICLE PROGRAM or mail to: BAY AREA AIR QUALITY MANAGEMENT DISTRICT 939 ELLIS ST, SAN FRANCISCO, CA 94100 (GENERAL NUMBER: 415 771.6000)



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CA LICENSE NUM	BER			
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THE FOLLOWING INFORMATION IS REQUESTED WHEN REPORTING **SMOKING VEHICLES:**

AUTO	DUIO		TRUOK	
AUTO	BUS		TRUCK	
CA LICENSE NUM	IBER			
COLOR OR MAKE	OF VEHICLE			
NAME OF BUS OF	R TRUCK COMPANY			
DATE (MONTH/DA	Y)	AM	PM	
NAME OF FREEW	AY OR STREET			
OIT) (

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THE FOLLOWING INFORMATION IS REQUESTED WHEN REPORTING **SMOKING VEHICLES:**

CLE		
)LE		
COMPANY		
AM	PM	
		AM PM

CITY

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