



# Maricopa County

Air Quality Department

Return completed form to:  
Maricopa County Air Quality Department  
3800 N. Central Ave, Suite 1400, Phoenix, AZ 85012  
Phone (602) 506-6010 Fax (602) 372-0587  
AQPermits@maricopa.gov

## CONTACT INFORMATION UPDATE

Documents may be submitted in person at:  
3800 N. Central Ave. Suite 1400, Phoenix, AZ 85012 or 501 N. 44th Street, Suite 200, Phoenix, AZ 85008.

Use this form to update the types of contacts listed below. Update forms may be emailed to [AQPermits@maricopa.gov](mailto:AQPermits@maricopa.gov)

**Important:** Please note that email will be our primary means for routine communication with you, unless you do not have an email account. Please be sure that your email address is entered correctly.

Permit Number: \_\_\_\_\_ Business Name: \_\_\_\_\_

Contact Type:	<input type="checkbox"/> On-Site Contact (Designated on-site contact at the facility; this person will be contacted before Air Quality staff enters property.)
Contact Name:	_____
Street Address:	_____
	Number Dir. Street Name Street Type
City:	_____ State: _____ Zip: _____
Phone Numbers:	Phone: _____ Fax: _____ Mobile Phone: _____
Email:	_____ Affiliation: _____

Contact Type:	<input type="checkbox"/> Owner Address (Business owner who will receive any failed mailing attempts and violation/enforcement documents.)
Contact Name:	_____
Street Address:	_____
	Number Dir. Street Name Street Type
City:	_____ State: _____ Zip: _____
Phone Numbers:	Phone: _____ Fax: _____ Mobile Phone: _____
Email:	_____ Affiliation: _____

Contact Type:	<input type="checkbox"/> Permit Contact (Designated representative to handle all permit-related questions; may or may not be located on site.)
Contact Name:	_____
Street Address:	_____
	Number Dir. Street Name Street Type
City:	_____ State: _____ Zip: _____
Phone Numbers:	Phone: _____ Fax: _____ Mobile Phone: _____
Email:	_____ Affiliation: _____

Contact Type:	<input type="checkbox"/> Permit Mailing (This contact will receive routine documents mailed by Air Quality such as Invoices, Permits and Renewals.)
Contact Name:	_____
Street Address:	_____
	Number Dir. Street Name Street Type
City:	_____ State: _____ Zip: _____
Phone Numbers:	Phone: _____ Fax: _____ Mobile Phone: _____
Email:	_____ Affiliation: _____