**Pre-Permit Application Meeting Request Form**

**Please complete appropriate boxes and email to** [**aqd@cabq.gov**](mailto:aqd@cabq.gov) **or mail to:**

Environmental Health Department

Air Quality Program

Permitting Division

P.O. Box 1293

Albuquerque, NM 87103

**A copy of this form must be included as part of the application package.**

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| Company/Organization:  Current Permit #: |  | | | | |
| Point of Contact:  (phone number and email):  Preferred form of contact (check one):  Phone E-mail | Name:  Phone:  Email: | | | | |
| Preferred meeting dates/times:  (provide several dates/times when applicant/consultant are available in the 1-2 weeks after submitting this form) | 1st date/ time(s) | 2nd date/ time(s) | 3rd date/ time(s) | 4th date/ time(s) | 5th date/ time(s) |
| Preferred meeting type (Zoom/In Person): |  | | | | |
| Description of Project: |  | | | | |