



THE FOLLOWING INFORMATION IS REQUESTED WHEN REPORTING SMOKING VEHICLES:

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

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



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