



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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