**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.**

|  |  |
| --- | --- |
| 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 date/times:  Preferred meeting type (Zoom/In Person): |  |
| Description of Project: |  |