

NORTHERN NEVADA PUBLIC HEALTH AIR QUALITY MANAGEMENT DIVISION

1001 East Ninth Street, Suite B171
Reno, Nevada 89512

CONFIDENTIALITY REQUEST FORM

Pursuant to Nevada Revised Statutes (NRS) 445B.570
and Nevada Administrative Code (NAC) 445B.224

Facility Name:
Type of Facility:
Anticipated Permit Action:
Date of Request:

Notice: Under NRS 239 (the Nevada Public Records Act) the division must hold all records as public unless declared confidential by law. (NRS 239.0113)

An application fee must be submitted with this application. The Air Quality Management Division fee schedule can be found here: <https://www.nnph.org/resources/fees/air-quality-management-fees.php>

NRS 239.010(3).

"A governmental entity that has legal custody or control of a public book or record shall not deny a request made pursuant to subsection 1 to inspect or copy or receive a copy of a public book or record on the basis that the requested public book or record contains information that is confidential if the governmental entity can redact, delete, conceal or separate the confidential information from the information included in the public book or record that is not otherwise confidential."

Part 1. Company and Facility Information

Company Name

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Responsible Official Name and Address

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Facility Name and Address *Same as "Company Name" above*

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Part 2. Conditions for Protection

As stated in NRS 445B.570(6), “confidential information” means information or records which:

- a) Relate to dollar amounts of production or sales;
- b) Relate to processes or production unique to the owner or operator; or
- c) If disclosed, would tend to affect adversely the competitive position of the owner or operator.

Identify the information that is requested to be held confidential and explain how it applies to NRS 445B.570(6)

1.	
2.	
3.	
4.	
5.	
6.	

Attach additional documentation as needed.

*Any of the information obtained pursuant to this request for confidentiality must clearly state that it is confidential pursuant to this approval. Be advised that the AQMD will verify the content of the confidential information obtained to ensure the information declared confidential conforms with this request. In addition to providing the confidential information, the AQMD requires that you submit redacted versions of any submitted information that is intended for public review. A new/updated request form shall be resubmitted for all future confidentiality requests. **Any non-confidential information received prior to this request cannot be retroactively deemed confidential.***

THIS FORM MUST BE SUBMITTED AND APPROVED BY THE AQMD PRIOR TO SUBMITTING AN APPLICATION AND/OR ANY SUPPLEMENTAL INFORMATION. DO NOT SUBMIT CONFIDENTIAL INFORMATION BY EMAIL.

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information.

Responsible Official
 Signature: _____

Date: _____

Part 3. Routing Slip *(To be completed by the AQMD)*

AQMD Staff Recommendation

Based on the content and descriptions provided, I am

approving or **denying** or **requiring additional information to**
this request for confidentiality of those items in the aforementioned request per NRS 445B.570.

Reason for denial or additional information request (if applicable):

Name: _____ Title: _____

Signature: _____ Date: _____

Supervisor, Permitting and Compliance, Recommendation

Based on the content and descriptions provided, I am

approving or **denying** or **requiring additional information to**
this request for confidentiality of those items in the aforementioned request per NRS 445B.570.

Reason for denial or additional information request (if applicable):

Name: _____ Title: _____

Signature: _____ Date: _____

AQMD Director Recommendation

Based on the content and descriptions provided, I am

approving or **denying** or **requiring additional information to**
this request for confidentiality of those items in the aforementioned request per NRS 445B.570.

Reason for denial or additional information request (if applicable):

Name: _____ Title: _____

Signature: _____ Date: _____