

## DECLARATION OF RESIDENTIAL EXEMPTION FROM THE MANDATORY CURTAILMENT REQUIREMENT

Return to: Northern Nevada Public Health  
Air Quality Management Division  
1001. E Ninth Street, Suite B171  
Reno, NV 89512

Email: [AQMD-WBD@nnph.org](mailto:AQMD-WBD@nnph.org)

Website: [OurCleanAir.com](http://OurCleanAir.com)

Property Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Occupant's Name (If different from owner) \_\_\_\_\_ Phone Number \_\_\_\_\_

Occupant's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

This form is to declare eligibility for the exemption from the mandatory curtailment requirement in **Section 050.001 of the Emergency Episode Plan of the District Board of Health Regulations Governing Air Quality Management**. This section prohibits the use of all solid fuel burning devices including fireplaces, wood stoves or pellet devices when a mandatory curtailment is declared by the District Health Officer due to elevated air pollution levels.

To declare eligibility for an exemption from the mandatory curtailment provisions in Section 050.001, please answer the following questions:

1. Is natural gas (not propane) service available to the residence?  Yes  No
2. Is wood burning the sole source of heat in the residence?  Yes  No

If you answered "yes" to question 2, please check the appropriate box below and provide an explanation using the back of this form.

- The residence has another source of heat but it is not used because we cannot afford to pay for fuel.
- The residence has another source of heat that does not work or is unsafe to use.  
\*\*Assistance for weatherization and heater repairs may be available through Community Services Agency (CSA). For more information, contact CSA at (775) 786-6023 or visit [www.csareno.org](http://www.csareno.org). A copy of a repair or replacement estimate from a certified repair company must be included with this form to be considered for an exemption.\*\*
- The residence has no other source of heat. Wood/Pellet burning is the only source of heat in the residence.

I certify that the answers to the above questions are true and correct. I authorize an inspector from the Northern Nevada Public Health Air Quality Management Division to inspect my parcel to verify these statements, if needed.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**AIR QUALITY MANAGEMENT / PUBLIC HEALTH USE ONLY**

Verification Date \_\_\_\_\_ Verified by \_\_\_\_\_  Approved  Denied

Comments \_\_\_\_\_

AIR QUALITY  
MANAGEMENT  
USE ONLY