WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Public Health
Prevent. Promote. Protect.

NOTICE OF EXEMPTION

FOR VALIDATION RETURN - Original AND **One** Copy **plus a check for $14.00, mailed to:**

The undersigned affirm there is no wood stove, pellet stove, or fireplace insert on the property at:

AIR QUALITY MANAGEMENT, PO BOX 11130, Reno NV 89520-0027 - (775) 784-7200

Property Address _____ City _____ State _____ Zip _____

APN _____ Title Company or Mobile Home Dealer _____ Escrow Number _____ Closing Date _____

RESIDENCE CONTAINS (mark all that apply):

- ☐ MANUFACTURED GAS UNIT or GAS RETROFIT
- ☐ NO SOLID FUEL BURNING DEVICE
- ☐ FIREPLACE ONLY: (Doors are not gasketed to make device airtight.)
- ☐ UNCERTIFIED WOODSTOVE REMOVED FROM PROPERTY PRIOR TO SALE. (Not Previously Inspected)

SELLER

_____
Print Name

_____ _____
Seller Signature Date

NOTARY:

State of _____
County of _____
This instrument was acknowledged before me by
_____,
on ____ of _____, 201___.

NOTARY SEAL

BUYER

_____
Print Name

_____ _____
Buyer Signature Date

NOTARY:

State of _____
County of _____
This instrument was acknowledged before me by
_____,
on ____ of _____, 201___.

NOTARY SEAL

This form is located on our web site at www.ourcleanair.com

The above signed hereby swear (or affirm) under penalties prescribed for perjury in NRS 199.120 that the provided information is true and correct of their knowledge. Perjury is a felony, subject to up to 10 years in prison and a $10,000 fine.

New owner agrees to allow District Health Department access to property to perform verification inspection for a period not to exceed 30 days from date of close of escrow.

AIR QUALTIY MANAGEMENT USE ONLY