



**GILARIVER INDIAN COMMUNITY**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**

Return completed form to:  
GRIC DEQ Air Quality Program  
1576-A South Nelson Drive, Chandler, AZ 85226  
Phone (520) 562-2234 Fax (520) 796-3973  
[air@gric.nsn.us](mailto:air@gric.nsn.us)

**CONTACT INFORMATION UPDATE**

Use this form to update the types of contacts listed below. Update forms may be emailed to [air@gric.nsn.us](mailto:air@gric.nsn.us)

**Important:** Please note that email will be our primary means for routine communication with you, unless you do not have an email account. Please be sure that your email address is entered correctly.

Permit Number: \_\_\_\_\_ Existing Business Name: \_\_\_\_\_

Contact Type:  New Owner Address (Business owner who will receive any failed mailing attempts and violation/enforcement documents)  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Type:  New On-Site Contact (designated on-site contact at the facility; this person will be contacted before AQ staff enters property)  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Type:  New Permit Contact (designated representative to handle all permit-related questions; may or may not be located on-site)  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Type:  New Permit Mailing (this contact will receive routine documents mailed by Air Quality such as Invoices, Permits, and Renewals)  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Certification by the current permit holder:**  
I certify that I am authorized to make the changes requested on this form and that the information provided in this document is true, correct and complete to the best of my knowledge.  
Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Type or Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Company: \_\_\_\_\_