BID:		
	(Sac. Co.	Assigned Computer #)

Hazardous Materials Disclosure Information

ver 3.14

Previology & 8-9-06

And Permit Application Form Please Use Typewriter or Print Clearly

Sedion (- Busic	ess and Address Informa	tion	
			IAM L COM
Great Valley Chrys	sler • Plymouth • Jeep • Ea	gle	JAN 1 2 1997
Business Name			C
2329 Fulton Avenue	=	Sacramento, CA	95825 Hernando Road
Business Site Address (Not a	PO Box) Suite/Bldg #	City	Zip Cross Street
Mike Brock			
Mail to the Attention of			
2329 Fulton Avenue	<u> </u>	Sacramento, CA	95825
Mailing Address (if different fro		City	Zip
	·	·	·
Vandenberg & Keil Owners Name			
Owner's Name			
(916) 973-3200		American	River Fire Protection
Business Phone			Fire District
Section (1) = Conf	act Information		
		**	No. 10 April
A) Supply the name, title, [phone and available hours of the respon	isible person to contact <u>L</u>	Junna Business Hours:
7:30am - 9:00pm	Mike Brock	(916)	973-3200
SHIFT HOURS	NAME/TITLE		PHONE NUMBER (with extension)
B) Supply the name, title,	phone numbers and available hours of a	nt least two people to con	tact After Business Hours:
24 Hours	Mike Brock		
SHIFT HOURS	NAME/TITLE		BER (with extension)
24 Hours	Richard Keil		
SHIFT HOURS	NAME/TITLE	After Hou	rs PHONE NUMBER (with extension)
SHIFT HOURS	NAME/TITLE	After Hou	rs PHONE NUMBER (with extension)
C) Supply the name, title,	phone numbers and available hours of	two people to contact in t	case of an Emergency HazMat Incident:
7:30am - 9:00pm	Mike Brock, Parts & Serv	rice (916)	973-3200
SHIFT HOURS	NAME/TITLE		PHONE NUMBER (with extension)
7:30am - 9:00pm	Richard Keil, Vice-Presi	dent (916)	973-3200
SHIFT HOURS	NAME/TITLE		PHONE NUMBER (with extension)

BID:	
	(Leave Blank if Unknown)

Section III - General and Building Information

Doing Business As (DBA) - If different t	han Business Name	
	02-908-5399	CAD000314963
Business License #	Dun & Bradstreet # (if applicable)	EPA ID # (If EPA Waste Generator)
Automobile Sales & Ser	rvice	
Give description of the main operation of	of your business	
Employee Information - enter # of	employees on site per shift hrs:	Additional Business Information:
7:30am - 9:00pm	60	5511
Shift Hours	Number of Employees	Standard Industrial Code (SIC)
-		H-4
Shift Hours	Number of Employees	Uniform Building/Occupancy Code (UBC) (if known)
<u>-</u>		80,000
Shift Hours	Number of Employees	Lot Size - Identify in sq. ft. or acreage
		1
	•	Number of Floors
		E
		Reporting Status (see Sec. IV)

Section IV - Chemical Disclosure Information - Reporting Status

- A No chemicals are used in any way in our business operations.
- B Chemicals are used in our company, but we do NOT meet the requirements for disclosure. We have no chemicals in amounts requiring disclosure.
- C Chemicals are used in our business and we are submitting our initial Hazardous Materials Disclosure Packet.
- We have reviewed our records and we have no changes from previously submitted information.
- E We are submitting a renewal with changes as indicated.

B1D:				
	(Leave	Blank	if	Unknown)

* * * * SPECIAL NOTICE FOR DISCLOSURE PACKET UPDATES * * * *

If any of the following occurs, you are required to notify our department within thirty (30) days to complete an updated Disclosure Packet.

- 1. Change of Business Address
- 2. Change of Business Ownersh
- 3. Change of Business Name
- 4. Cessation of Business Operation(s)
- 5. Change of Business Occupancy Class (Uniform Building Code)
- 6. Reclassification of TRADE SECRET INFORMATION
- 7. Change of use or handling of previously undisclosed hazardous material, waste or combination thereof.
- 8. Storage of any new hazardous material that would require you to compy with the disclosure laws.
- A signficint change in inventory quality (50%) of any hazardous material for which disclosure information has already been provided

Section V - Signature

I certify, under the penalty of perjury, that the above information is true and correct to the best of my knowledge.

Signature Signature	1-3-97 Date
Michael E. Brock, Vice-President	02/15/97 To 02/15/98
Name and Title (please type or print)	Annual Reporting Period

PLEASE RETURN FORM TO:

COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPARTMENT
HAZARDOUS MATERIALS DIVISION
8475 Jackson Road, Suite 230
Sacramento, CA 95826