



Responsible Official Signature
Polk County Public Works – Air Quality Division

(1) Company Name
Legal Name: _____

(2) Responsible Official (RO) Certification (RO – As defined in Board of Health Rules - Chapter V)
<i>I certify that based on information and belief formed after reasonable inquiry, the enclosed documents including the attachments are true, accurate, and complete.</i>
Responsible Official (RO) Signature (Required): _____ Date: _____
Print Name: _____
Title: _____