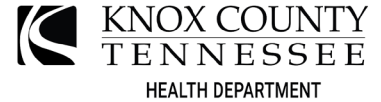


Knox County Department of Air Quality Management
 Confidential Information
 Request to Protect Confidential Information Form
 (Please Type or Print)



1. Business information:		Air Quality Use Only	
Business license name of corporation, company, individual owner, or governmental agency under which the application is submitted		Source Number	
Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual	Telephone	Fax	
<input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency			
2. Mailing address:			
Street		City, State, Zip	
3. Required documents:			
Attach a copy of the document with each page containing confidential information marked "CONFIDENTIAL" and a redacted copy of the document suitable for public disclosure.			
4. Legal justification: (attach additional pages as needed)			
Explain why the information requested to be protected as confidential information would divulge methods or processes entitled to protection as trade secrets if made public.			
5. Based upon information and belief formed after a reasonable inquiry, I certify that the information contained in this request is accurate and true to the best of my knowledge.			
Print name of responsible official		Title	
Signature of responsible official		Date of application	
FOR AIR QUALITY USE ONLY			
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	By:		
Reason for denial			
Date received		Determination mailed	