



Reporting Year 20____

Carl Moyer and/or FARMER Funding Agreement Annual Report

Company Name, address, phone:

Carl Moyer or FARMER Funding Agreement Number, Equipment Make and Model:

Equipment Status (please check all that apply, and explain non-normal operation in Item 5):

Normal Operation

Not Operational

Sold

Destroyed

- 1. % Operated in California:** **Current hour meter reading:**
- 2. Hours operated last calendar year:** **OR if hours are not available, report Gallons diesel used last calendar year:**
- 3. Vehicle Miles Traveled (if not applicable please leave blank):**
- 4. Notes on equipment use (for non-normal operation, or if usage is below expected):**

Signature

Date

Please e-mail the completed for to AirQuality@sonoma-county.org

*** You may fill-in the form or print/sign/scan**