



For agency use only.
ID#:

SPOKANE REGIONAL CLEAN AIR AGENCY
1610 S. Technology Blvd., Suite 101, Spokane, WA 99224
(509) 477-4727, Fax (509) 477-6828, www.SpokaneCleanAir.org

Marijuana Harvest Schedule Notification

Marijuana Harvest Schedule Notification forms may be submitted at any time but it must be received at least 30 days prior to the harvest. If the harvest days change by more than one (1) week before or after the dates provided, a revised form must be submitted.

1. BUSINESS INFORMATION

Business Name:	LCB License #:
Facility Address:	
Facility Contact Person:	Phone #:
Facility Contact Person E-Mail Address:	

Operation Type: Outdoor Other Both

2. HARVEST INFORMATION

Please provide a list of your facility's harvest dates by week. For example: May 1 – 7; 14 – 21.

January: _____
February: _____
March: _____
April: _____
May: _____
June: _____

July: _____
August: _____
September: _____
October: _____
November: _____
December: _____

- We harvest every week.
- We harvest routinely every _____ days.

Additional Notes: _____

Signature: _____ Date: _____
Name: _____ Title: _____

Confidential Business Information (CBI):
If any of the information above is considered confidential, please refer to the CBI Fact Sheet that can be found on SRCAA's webpage (www.SpokaneCleanAir.org), for information on how to submit Confidential Business Information.