



**Confirm:**

Please validate the information below:

**Facility Info**

Business Name: Corporate Center  
Facility Address1: 939 Ellis St  
Facility Address2::  
Facility City: San Francisco  
Facility State: CA  
Facility Zip Code: 94109-7799

**Contact Info**

**Owner Contact Info:**

First Name: Duncan  
Last Name: Baxter  
Primary Phone: 4157495030  
Primary Phone Ext:  
Mobile Phone:  
Fax:  
Email: generalcommentline@baaqmd.gov  
Owner Address1: 939 Ellis St  
Owner Address2:  
Owner City: San Francisco  
Owner State: CA  
Owner ZipCode: 94109-7799

**Billing Contact Info:**

First Name: Duncan  
Last Name: Campbell  
Primary Phone: 4157494722  
Primary Phone Ext:

Fax:  
Email: dcampbell@baaqmd.gov  
Billing Address1: Bay Area Air Quality Mgmt 939 Ellis St  
Billing Address2:  
Billing City: San Francisco  
Billing State: CA  
Billing ZipCode: 94109-7799

### Equipment Info:

Device 1:  
Equipment Manufacturer: Cast Iron Amalgamated  
Model Name: SuperExtra 451  
Original Manufacture Date: 07/04/1998  
Serial Number: 123654  
Primary Equipment Type: Other Boiler\Process Heater  
Heat Rating: 4.55  
Primary Fuel Type: Natural Gas  
Secondary Fuel Type:

### Registration Fee

Facility Registration Fee: \$401.00  
Device Fees: 1 Device(s)x\$54.00 \$54.00

**Total Amount: \$455.00**

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