

## Odor Complaint Form

### Your Information (\* required)

Resident

Business

Other

\* Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* Phone: \_\_\_\_\_

### Odor Description (\* required)

\* Date: \_\_\_\_\_ \* Time: \_\_\_\_\_ \* How long does odor last: \_\_\_\_\_

\* Location: \_\_\_\_\_

\* Description: \_\_\_\_\_

How often does odor occur: \_\_\_\_\_

Does odor occur at certain times of the day: \_\_\_\_\_

What days of week does odor occur: \_\_\_\_\_

### Weather Conditions (all required)

Sunny  Overcast  Raining  Snowing  Other: \_\_\_\_\_

Temperature: \_\_\_\_\_ Wind Direction: \_\_\_\_\_

Is odor more noticeable under specific weather:  Yes  No \_\_\_\_\_

### Other Notes

What is the possible source of odor: \_\_\_\_\_

Why did you chose this source: \_\_\_\_\_

Is odor endangering your health or comfort: \_\_\_\_\_

Is odor endangering your property: \_\_\_\_\_

#### OFFICE USE ONLY

Received By: \_\_\_\_\_ Date: \_\_\_\_\_