

NUISANCE COMPLAINT FORM

Please print or type

Statement of:

Your Name: _____ Phone #: _____

Address: _____

Address where impacts occur: _____

1. Name and address of complaint source (if known):

2. Nature of emission complained of: (check one)

Smoke ____ Dust ____ Odors ____ Other ____

Describe: _____

3. Dates and time nuisance observed: _____

4. Have you or any member of your household/business become ill because of these emissions?

Yes ____ No ____

5. Describe nature of illness: _____

6. State any damage done to your property, home, furniture, automobile, clothing, etc.

7. Will you testify in court? Yes ____ No ____

I declare under penalty of perjury that, to the best of my knowledge, the above information is true and correct.

Executed on _____ 20 ____ at _____, California

Signature

Date Received by MBARD: _____