

# Tri-Municipal Sewer Commission

## Odor Complaint Form

First Name\* \_\_\_\_\_ Last Name\*: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

When (Date & Time)\*: \_\_\_\_\_

### Description of Odor\*:

Electrical: \_\_ Chemical Smell: \_\_ Raw Sewage: \_\_ Exhaust: \_\_ Garbage: \_\_ Grease: \_\_

Manure: \_\_ Rotten Eggs: \_\_ Smoke: \_\_ Sour: \_\_ Other: \_\_

In describing the odor, please select the odor description you believe most closely resembles the odor you are smelling.

Other Odor: \_\_\_\_\_

\_\_\_\_\_  
If you selected "Other" from the listing above, please describe the odor in as much detail as possible:

Location of Odor\*: \_\_\_\_\_

Please list the location the odor was detected (e.g. at the corner of 1<sup>st</sup> St. and 2<sup>nd</sup> St.; directly in front of building XYZ on 1<sup>st</sup> St.; etc.)

### Strength of Odor\*:

Weak: \_\_ Moderate: \_\_ Strong: \_\_

Additional documents or information you are submitting regarding the odor: \_\_\_\_\_

\*indicates a required field