

Grover Hill Wind Complaint Form

Please Save and Email the Form to: brad.nwowe@gmail.com

Date:

Time of call:

Complainant Name:

Mailing Address:

Email Address:

Telephone Number:

Physical Address where complaint originated:

Period of Complaint: From _____ to _____

Type of location where event was located (Home, apartment, commercial, school, etc.):

Nature of Complaint:

Description of event (e.g. thumping, swishing, jet roar, flicker):

Was this observed both indoors and outdoors? Were windows closed or open?:

On a scale from 1 to 5, with 5 being the worst, how annoying or disturbing is the event?:

1 2 3 4 5

Describe the weather conditions at the location the event was observed (include wind direction, relative wind speed (light, moderate, strong), and cloud cover.):

How often does this same type of event occur?:

Other comments:

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