AIR QUALITY COMPLAINT FORM

Submit air quality complaints by sending this form via email to complaints@mbard.org or call our office at (831)647-9411. The District is open 8 a.m. to 5 p.m. Monday through Friday excluding holidays. Outside of business hours you may leave a message at (831)647-9411.

If you call the District, please have the information included in the form below. Giving us complete information will assist the investigation and help the District resolve the issue.

**Your Name Phone Number**

**Address City**

**Email Address**   **Date Complaint Submitted**

*Please note: Complainant information is considered confidential, except where required in litigated matters.*

# Were you referred by another agency? Yes\_\_\_ No\_\_\_

**If so: Agency Name**

**Contact’s Name Phone Number**

# NATURE OF EMISSIONS COMPLAINT (check boxes that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| **Dust** [ ]  | **Smoke** [ ]  | **Odor** [ ]  | **Other** [ ]  |
|  | **Indicate smoke source:****Chimney** [ ] **Outdoor burn** [ ] **Other**[ ]  |  |  |

**DESCRIPTION OF COMPLAINT**

**Location**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Observation:** |  | **Time of Observation:** |  | AM [ ]  | PM [ ]  |

Describe the complaint below, include information such as what you see, odors (how it smells), length of observation and other relevant details.