



NEWINGTON NOXIOUS ODOR COMPLAINT FORM

DATE COMPLAINT RECEIVED: _____/_____/_____

NAME OF PERSON MAKING COMPLAINT: _____

ADDRESS OF THE COMPLAINANT: _____

CONTACT INFORMATION (TELEPHONE NUMBER OR EMAIL ADDRESS) OF
COMPLAINANT: _____

DATE OF OCCURRENCE: _____/_____/_____ TIME: _____ AM PM

LOCATION WHERE THE ODOR WAS DETECTED: _____

NATURE OF THE ODOR: _____

PETROLEUM NATURAL GAS BURNING OIL ASPHALT

FROM WHAT DIRECTION: _____

FOR HOW LONG: _____

GENERAL WEATHER CONDITIONS: _____

OTHER COMMENTS: _____

