



MONTEREY BAY
Unified Air Pollution Control District
serving Monterey, San Benito, and Santa Cruz counties

24580 Silver Cloud Court • Monterey, California 93940 • 831/647-9411 • FAX 831/647-8501

NUISANCE COMPLAINT FORM

(Please print or type)

Statement of:

Your Name: _____ Phone #: _____

Address: _____

Address where impacts occur: _____

1. Name and address of source complained of (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

Witnessed by _____
 MBUAPCD Employee