



Billerica Board of Health

Town Hall
365 Boston Road
Billerica, MA 01821
Phone: 978-671-0931
Fax 978-671-0919
Web Site www.town.billerica.ma.us

ODOR COMPLAINT LOG

Each complaint with a different date and time should result in a separate form. Circle and/or fill in the bold areas with information that may apply.

DATE complaint received:

DATE of problem:

TIME of problem:

DURATION of problem (how long did it occur? e.g., between 6 a.m. – 7 a.m.):

FREQUENCY of problem (how often does it occur? e.g., once per month, everyday):

DESCRIPTION of odor problem What type of odor does the complainant detect? (e.g. rotten eggs, rubber, plastic, solvents, burning paper, asphalt):

LOCATION of problem Where was the complainant when the odor occurred? (e.g. home, visiting, work, restaurant, business). Indicate address:

POTENTIAL SOURCE of problem Include name and address of source contributing to complaint and description of the building/stack/equipment if applicable:

WEATHER CONDITIONS: (wind direction, windy, sunny, cloudy):

The following data is required to obtain further information and to communicate complaint status and resolution if necessary:

COMPLAINANT NAME:

COMPLAINANT'S ADDRESS:

COMPLAINANT'S TELEPHONE: