



Hubbardston
Massachusetts

Odor Complaint Form

Your Information (* required)

☐ Resident

☐ Business

☐ Other

* Name: _____

* Address: _____

* Phone: _____

Odor Description (* required)

* Date: _____ * Time: _____ * How long does odor last: _____

* Location: _____

* Description: _____

How often does odor occur: _____

Does odor occur at certain times of the day: _____

What days of week does odor occur: _____

Weather Conditions (all required)

☐ Sunny ☐ Overcast ☐ Raining ☐ Snowing ☐ Other: _____

Temperature: _____ Wind Direction: _____

Is odor more noticeable under specific weather: ☐ Yes ☐ No _____

Other Notes

What is the possible source of odor: _____

Why did you chose this source: _____

Is odor endangering your health or comfort: _____

Is odor endangering your property: _____

OFFICE USE ONLY

Received By: _____ Date: _____