

Quarry Event/Complaint Form

Name: _____ **Phone:** _____

Address: _____ **E-Mail:** _____

Nature of Complaint:

Blasting Dust Noise Truck Traffic Road Conditions Odor Other _____

Time/Location:

Date and Time of Incident: ___/___/___ :___ A.M. P.M.

Address/Description of the location from where you observed the event: _____

Description of Event and/or the Suspected Source of the Event: _____

For Blasting Complaints: *The following questions are intended to gauge the relative intensity of the ground motion of the event.*

Did you feel the blast? No Barely Felt Clearly Felt Strongly Felt

Where were you when you felt it? Outside 1st Floor 2nd Floor Basement In a vehicle

Additional information or comments you wish to share about the blast: _____

Comments

Did you hear it? Yes No _____

Did it rattle windows? Yes No _____

Did it shake your house? Yes No _____

Did it cause any damage? Yes No _____

Additional information or comments you wish to share about the blast: _____

Event Report Distribution and Follow-up:

1. Did you already contact the quarry directly regarding this specific event/complaint/issue? Yes No
 If you answered "Yes" to Question 1, skip to Question 4. If you answered "No" to Question 1, continue to Question 2.
2. Do you want your submission of this form to remain confidential? Yes No (NOTE: The Village forwards this report to the quarry operator with your name included unless you check "yes" to this question about remaining confidential.)
3. If you answered "No" to the previous question, do you want a quarry representative to contact you? Yes No
4. Do you want a Village representative to contact you? Yes No

Signature: _____

Date: _____