

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 FeltWhere 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 City representative to contact you? ☐ Yes ☐ No

Signature: _____

Date: _____