

## 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  1<sup>st</sup> Floor  2<sup>nd</sup> 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: \_\_\_\_\_