



BENTON CLEAN AIR AGENCY

526 S. Steptoe St.
Kennewick, WA 99336

Phone: (509) 783-1304 -- FAX: (509) 783-6562

E-mail: contact@bentoncleanair.org

Internet: www.bentoncleanair.org

ODOR COMPLAINT AFFIDAVIT

Describe the problem in your own words, below. The affidavit must include a description of the event while the BCAA inspector was on site. Attach additional pages if necessary.

1. Date you smelled the odor: _____ From (time): _____ To (time): _____
2. Address or location where you smelled the odor: _____
3. Was the odor constant or intermittent? _____

4. Describe the strength or intensity of the odor: _____

5. Provide detailed characteristics of the odor: _____

6. What did you find offensive about the odor? _____

7. Explain in detail how the odor was unreasonably interfering with your enjoyment of life and property: _____

8. Describe any distress or ill effects caused by the pollution: _____

9. Who do you think was responsible for causing or allowing the odor? _____

Signing this release form releases Benton Clean Air Agency from any responsibility to protect your anonymity and may require your testimony. This means that, upon request, the agency may disclose this document and any other complaints that you have filed with the agency regarding this case.

Your Full Mailing Address: _____

Print Your Name: _____ Phone Number: _____

Signature: _____ Date: _____