

FORMAL AIR POLLUTION COMPLAINT FORM DIRECTIONS

Dear Complainant:

For the enclosed formal complaint form to become valid and prompt a response from Olympic Region Clean Air Agency (ORCAA), you must do the following:

1. The form must be **fully** completed.
2. It must be printed or written legibly.
3. It must either be notarized or it must be signed in the presence of an ORCAA Employee.

Following is a clarification of terms used in the complaint form. Please consider these definitions in completing the form.

Source: The private residence, business, or facility that created the air pollution problem

Prevailing Wind Direction: When the incident occurred, in which direction was the wind blowing (i.e. From the North to the South, out of the West, etc.)

Hearing Board: A state agency, which resolves air pollution complaints and related issues.

In completing the section regarding “Specific air pollution problem,” be as precise and complete as possible. If necessary, continue your response on the reverse side of the form and/or this page.

Mail complaint form to:

Olympic Region Clean Air Agency
2940 Limited Lane NW
Olympia, WA 98502

Thank you for your cooperation.



OLYMPIC REGION CLEAN AIR AGENCY

**2940 Limited Lane NW
Olympia, WA 98502
Telephone: (360) 539-7610**

FORMAL AIR POLLUTION COMPLAINT FORM

Map attached

Name: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

How long have you lived or worked there? _____

SOURCE: _____

Address: _____ City: _____ Zip: _____

Where were you when you were affected by the problem: _____

Distance from source: _____ Direction from source: _____

Date and time of occurrence: _____

How often: _____ Wind direction: _____

Weather conditions: _____

Describe the specific air pollution problem: _____

Distress or ill effects: _____

How do you connect this air pollution problem to source: _____

By signing this complaint form, I agree to appear before the Pollution Control Hearings Board or Court and I give Olympic Region Clean Air Agency the full and complete authorization to reveal my name to the source if requested.

Your Signature: _____

Date: _____

State of Washington

County of _____.

On this ____ day of _____, 20____, _____
(complainant name)

personally appeared before me _____, and acknowledged the said document to be a
free and voluntary act. *(Notary or ORCAA Employee)*

Notary Public or ORCAA Employee

My commission expires:

ALL QUESTIONS MUST BE ANSWERED IN ORDER TO ENABLE THE AGENCY TO RESPOND TO THIS PROBLEM. MAKE ADDITIONAL REMARKS ON THE BOTTOM OF THIS PAGE.