

SAN DIEGO AIR POLLUTION CONTROL DISTRICT

Compliance Division

NUISANCE COMPLAINT FORM

DATE: _____ TIME: _____ a.m. p.m.

COMPLAINANT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please note: Complainant information is considered confidential, except where required in litigated matters.

NATURE OF COMPLAINT Dust Smoke Odor Other

Please explain: _____

SOURCE INFORMATION:

Company Name (if available): _____

Contact Person (if known): _____

Check one: Address or Description of location of complaint source (include cross-street)

City: _____ State: _____ Zip: _____

For information or to call in a complaint: Phone: (858) 586-2650

E-mail completed form to: apcdcomp@sdcounty.ca.gov