Resident Correspondence Log

General				
Date:			Time :	AM/PM
Resident Name:			Email:	
Resident Address:			Phone:	
Details of Correspondence				
Nature of Correspondence (check all that apply): Odor Noise Truck Traffic Other				
Location if different from address (address, cross streets, landmarks, etc.): Where were you when you smelled the odor/heard the noise?				
Date of Condition:	Time of Condition:	AM/PM Du	ıration: ho	urs minutes
1	2	3 4	5 6	7 8
Odor Intensity Scale	Very faint	Light	Moderate	Very Strong
Odor Description: (check all that apply) Rotting Cabbage Sour Sour Manure/Farmyard Ammonia Sewer/Sewage Like Earthy/Musty Sweet Fragrance Other Other				
Weather Conditions: Temperature Wind Speed: Calm Moderate Wind (5-15 mph) Light Breeze (1-5 mph) Strong Wind (15+ mph)				
Comments:				
Would you like a response?: YES NO				
Please email completed form to WebCorrespondence@gbww.org				
Response to Customer (for Authority use only)				
Was Customer contacted?:			Time:	AM/PM
Comments:				
Management Signature:				