



**Odor Complaint Form**

Date of Odor Nuisance Observed: \_\_\_\_\_

Time of Odor Nuisance Observed: \_\_\_\_\_

Full Name of Complainant: \_\_\_\_\_

Phone Number of Complainant: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

Description of Odor Nuisance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Location of Odor Nuisance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wind or Weather Conditions Observed (if possible): \_\_\_\_\_

\_\_\_\_\_

**FOR COMMUNITY DEVELOPMENT DIRECTOR OR THEIR DESIGNEE USE ONLY**

- Was this odor deemed in violation with the Colorado Air Quality Control Commission Regulation Number 2 by the Community Development Director?
  - If YES**, the Community Development Director will inquire about an odor management plan.
- Was this odor deemed as a Nuisance Odor by the Community Development Director?
  - If YES**, has this location received three (3) or more Odor Complaints from individuals representing separate households or businesses within a 14-day period relating to a single odor?
    - If YES**, please contact the Community Development Director to inquire about an odor management plan.
    - If NO**, please hold onto this form until the 14-day period has passed, then you may archive this complaint form.
  - If NO**, then you may archive this complaint form.