

**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: \_\_\_\_\_

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

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