

Ada County Landfill Odor Control

Your Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email address: _____

Odor Information:

Date Odor was noticed: _____

Time the odor was first noticed: _____

Street Address where you noticed the odor: _____

Odor Intensity: low _____ medium _____ high _____

Description of odor: _____

Weather

Link for weather conditions: WWW.ktvb.com/weather.conditions

Cloudy _____ Sunny _____ Rain _____ Snow _____ Windy _____ Hot _____ Cold _____

Description: _____

Would you like to hear back:

Contact: Yes: _____ No: _____

Method: Phone: _____ Email: _____

What would be the best time to call: _____