

Your Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

TEL 919 856 7400 FAX 919 743 4738 www.wakegov.com/recycling

P.O. Box 550 - Raleigh, NC 27602

## South Wake Odor Complaint Form

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Odor Issue Occurred	d: Approxim	ate Time Odor Occurred:
Description of Complaint	: (describe odor i.e.: garbage, landfil	l gas, sewer, H2S - similar to rotten eggs)
form, please ser	odor as soon as possible after it is obser nd an email with the pertinent informat oberson@wakegov.com and troy.mitch	ved. If you are unable to complete or submit the contained in the form above to ell@wasteindustries.com.
	FOR WAKE COUNTY SOLID WA	CTF CTAFF LICE
	TOR WARE COUNTY SOLID WA	SIE SIAFF USE
Comments:	TOR WARE COUNTY SOLID WA	
Comments: Weather at Time of Comp		
Weather at Time of Comp	olaint	
Weather at Time of Comp	olaint Wind Speed:	

and other environmental factors.