

**MONTGOMERY COUNTY, MARYLAND**  
**CITIZEN'S TWO-PARTY AIR POLLUTION ODOR COMPLAINT**  
(Authority: Chapter 3, Section 3-9(b) (2), Montgomery County Code)

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\_\_\_\_\_  
Date

**TO:** Department of Environmental Protection, Division of Environmental Policy and Compliance

**FROM:**

1. \_\_\_\_\_ (Telephone Number)  
(Print Name-Party 1)

\_\_\_\_\_  
(Address) (City/Town) (Zip Code)

2. \_\_\_\_\_ (Telephone Number)  
(Print Name-Party 2)

\_\_\_\_\_  
(Address) (City/Town) (Zip Code)

**SUBJECT:** Report of an Odor Causing Air Pollution

On \_\_\_\_\_ between the hours of \_\_\_\_\_ and \_\_\_\_\_  
(Date) (Time of day) (Time of day)

\_\_\_\_\_ created an odor at the following location:  
(Name of Person or Business)

\_\_\_\_\_ by performing the following act(s):  
(Address)

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**COMPLAINT:** We hereby state, and are willing to state in a court of law, that the presence of the odor emitted from the performance of the act cited above: (1) unreasonably interfered with our use and enjoyment of property or (2) was likely to pose a health hazard to humans, plants, or animals.

In accordance with Section 3-9(b) (2) of the Montgomery County Code, as amended, we request that Montgomery County, Maryland issue a citation to \_\_\_\_\_, located at the following address:

(Name)

\_\_\_\_\_  
(Address) (City/Town) (Zip)

\_\_\_\_\_  
(Signature-Party 1)

\_\_\_\_\_  
(Signature-Party 2)

## INSTRUCTIONS FOR COMPLETING THE CITIZENS' TWO PARTY AIR POLLUTION ODOR COMPLAINT

**General:** The information provided on the form will be used to satisfy various legal requirements. Therefore it is necessary that the information be accurate and complete. Only the facts concerning one event of an alleged violation of the Montgomery County Air Quality Ordinance are to be provided on a single form. If you wish to report on more than one event, you must describe each of the other events on a separate form.

From the facts that you describe, it must be possible to satisfy the provisions of the Montgomery County Air Quality Ordinance regarding ambient odors. If the act which you cite is not a violation of the Air Quality Ordinance, you will be informed in writing that we have no enforcement jurisdiction.

Submit completed form to [askdep@montgomerycountymd.gov](mailto:askdep@montgomerycountymd.gov). Questions about the Ordinance or this form can be submitted by email as well.

**Date:** Enter the full date on which you are submitting the form.

**Printed Names:** The printed names must be the legal names of the individual. Names such as "Mr. and Mrs. Jones" are not legal names. "Deborah G. Jones" is a legal name. Only one person's name should be on each line.

**Address, City/Town, Zip:** Please print. Use your mailing address.

**Telephone Number:** Please provide a telephone number where you may be reached during the day. We will use this number to advise you of progress on processing your complaint.

**On Date:** Give the date on which the alleged violation of the Montgomery County Air Quality Ordinance occurred. If there are other violation dates, please use separate forms to describe the additional violations.

**Time Air Pollution Odor Occurred:** Give the time the odor started and ended. Indicate a.m. or p.m. If the time is not known precisely, make a best estimate and indicate why you believe the estimate is reasonably accurate.

**Location of the Air Pollution Odor:** Please print address, city/town, zip of the site from which the odor originated.

**Description of Act:** Describe the nature and extent of the odor emission, placing emphasis on describing the source of the odor and describing how it unreasonably interfered with the use and enjoyment of property.

**Name of Person Violating the Ordinance:** The name of the person or company violating the ordinance must be the legal name, to the best of your knowledge. Any other descriptive information of the violator may also be helpful.

**Address, City/Town, Zip Code of the Alleged Violator:** Please print. As best you can, please enter the mailing address of the alleged violator.

**AT LEAST TWO SIGNATURES AT THE BOTTOM OF THE FORM:** Two or more signatures at the bottom of the form must be the legal signatures of those individuals. This form must be signed by at least two (2) adults over the age of 18, living at separate addresses, unless you receive an exemption from the Department. Each person signing this form must read all statements, particularly those dealing with the conditions necessary to establish an air pollution odor, and fully understand that their testimony will be required, should this matter be heard in District Court.

**Please Note:** Your name will be provided to the alleged violator at the time of the issuance of the civil citation.