

For assistance with this log, please contact staff at The Clean Air Coalition of WNY - [info@cacwny.org](mailto:info@cacwny.org) or 716-852-3813  
Return this form to - New York State Department of Environmental Conservation Region 9, 700 Delaware Avenue, Buffalo NY 14209

# Nuisance Log

*This log is to be used to identify when and how your comfortable enjoyment of life and property were compromised.*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Your Address: \_\_\_\_\_ County: \_\_\_\_\_

Potential source of nuisance/pollutant (name and address) : \_\_\_\_\_

<b>Date</b>	<b>Time</b>	<b>Weather</b> (Wind direction and speed, temperature, general conditions, ie sunny, rainy)	<b>Description and intensity of nuisance</b>	<b>Health Effects</b> Realized (coughing, eye irritation, etc.) and actions taken to remedy effects (closed windows, left the house, etc.)

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Your name - \_\_\_\_\_

Your contact information - \_\_\_\_\_