

ODOR INVESTIGATION REPORT
CITY OF БЕЛОIT

Month: _____ Day: _____ Year: _____ Time of Call: _____ : _____ am pm

Wind Direction: N S E NW NE SW SE
(Please circle one)

Name of Person Calling: _____

Address: _____ Phone: _____

Nature of Odor:	_____ Strong Garlic	_____ Musty
	_____ Putrid	_____ Manure
	_____ Skunk-Like	_____ Rotten Eggs
	_____ Decayed Vegetables	_____ Medicinal
	_____ Decayed Cabbage	_____ Ammonia
	_____ Yeast	_____ Brewery

Other: _____

Name of Person Taking Call: _____

Action Taken (including other people notified): _____

Total Time Spent of Person Notified: _____

Please Send To:

City of Beloit – WPCF
2301 Stateline Road
Beloit, WI 53511
(608) 364-2888 (Open 8:00 am – 5:00 pm, Monday – Friday)
(608) 364-2880 (After Working Hours)