Mattabassett Odor Report

Please NOTE: Answer all "Yes or No's" choices first.

THEN after that, fill in the text boxes.

1.	Did you noti	ce the odo	today?	Yes	No

If no, when did you first notice it? (Date/Time)

Is the odor coming from outside
 your home or business?

Yes
No

Location:

- Does the odor smell like
 sewage, or chemicals?
 Yes
 No
- 4. How long has the odor lasted?

1-5 Mins. 5-30 Mins. 30-60 Mins. Longer than 60 Mins.

5. Is this a recurring issue at this location?

Other Comments

Instructions

On a PC

A PDF works best on Computer Desktops. Simply fill in the form and email to **OpsStaff@mattdist.org**

From Your Phone:

1. Fill Out the Form

- Tap on each field to enter information.
- **Tip:** Phones can be a little quirky! <u>Select all radio buttons</u> before filling in any text boxes. If the form gets stuck, just tap "**Done**" and then reopen it.

2. Save the Completed Form

- Tap the "**Done**" at the top.
- Save it to "Files," "Downloads,".

3. Share and Email the Form

- Find the saved PDF in "Files," "Downloads".
- Tap and hold the file, then select "Share" or "Send."
- Your email will open--send to **OpsStaff@mattdist.org** with a subject and add a message if needed, and "**Send**."

Once an odor is reported, the District immediately dispatches a field operator to the reported location to investigate. In addition, our treatment process and activities being conducted are reviewed to ensure that these do not generate odors.

If your complaint needs immediate attention, please call (860) 635-5550 ext 240.