

**MARION COUNTY PUBLIC WORKS
DUST ABATEMENT COMPLAINT FORM**

Name: _____ Date: _____

Home Phone #: _____ Cell #: _____

Address: _____

Road name where product was applied: _____

Closest address to application site: _____

Contractor Name: _____

Return phone call requested (circle option): **Yes** **No**

Complaint Information:

(County Office Use Only)

Date: _____ Permit #: _____

Return phone call completed (circle option): **Yes** **No**

Call returned by: _____
(Please print name)