

Odour Complaint Declaration & Diary

Please complete and sign Declaration

Your Name	
Your Address	
Your Telephone Number	
Your Email address (optional)	
How long have you lived at this address?	
Please describe the odour. (The graphic on the following page can assist in describing what you smell.)	
In your opinion, what is the source of the odour?	
How does this odour impact you personally?	
Is this odour affecting your business? (if yes, please describe)	

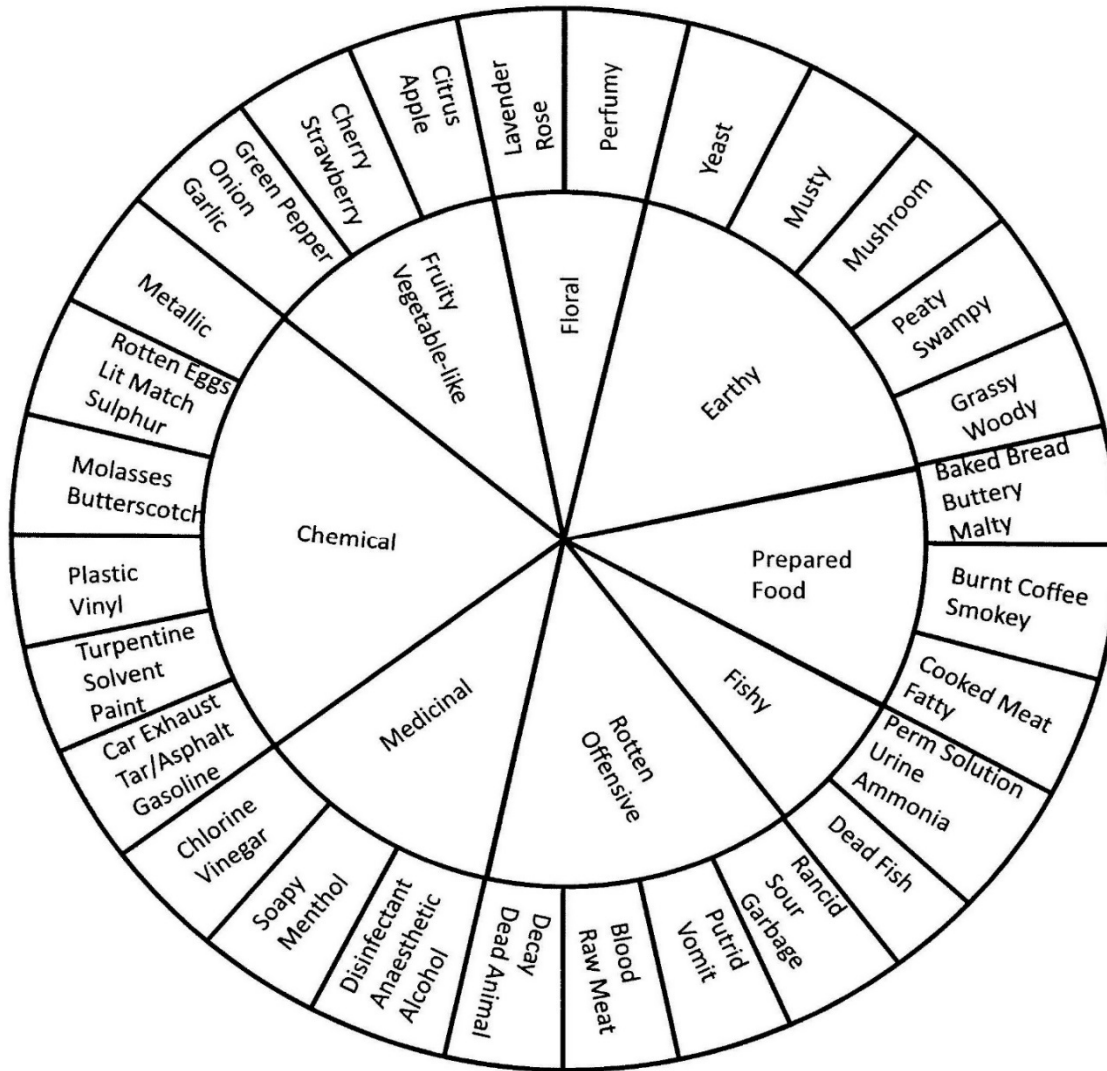
Legal intervention by Metro Vancouver may ultimately require court action. Are you prepared to attend court and give supporting evidence if required? YES _____ NO _____

I declare that the information provided in this Declaration and Diary is true and correct. Please date and sign each page.

Printed Name: _____ Signature: _____

Date (Day/Month/Year): _____





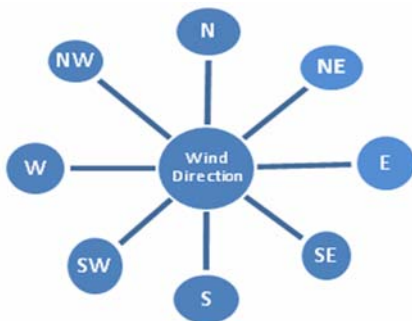
Completion of Your Metro Vancouver Odour Diary

- Diary entries should be made whenever you believe you or others at your residence are being **negatively impacted** by odorous emissions. Provide as much detail as possible about the incident(s) and their impacts to you and/or your business.
- Meteorological conditions can be helpful; including, wind direction, approximate wind speed and precipitation.
- The period of documentation depends on the frequency of incidents. Two weeks is the recommended minimum period.
- Identify in last column whether a formal complaint was also registered to our complaint line or on-line form during a particular incident.
- Please send completed Declarations & Diaries as PDFs by email to: regulationenforcement@metrovancover.org. Declarations & Diaries can also be mailed to: Regulation & Enforcement, Metro Vancouver, 4330 Kingsway, Burnaby BC V5H 4G8.

Wind Speed Categories:

Calm (0 – 2 km/h) Light Breeze (3 – 11 km/h) Breeze (12 – 28 km/h) Strong Breeze (29+ km/h)

Wind Directions From:



ODOUR DIARY ENTRY EXAMPLES

Date (DD-MMM-YYYY)	Odour start time (24 hour clock)	Odour duration (hours)	Odour intermittent? (Y/N)	Character			Odour Intensity					Does the odour description match declaration? (If no, please describe)	How were you or others at your home or business affected?	Weather Conditions				
				Unpleasant	Offensive	Highly Offensive	Very Weak	Weak	Distinct/Moderate	Strong	Very Strong			Wind Direction from	Wind Speed Category	Precipitation (Y/N)	Complaint submitted to MV (Y/N)	
12-Feb-2014	0800	0.5	N	x				x					Y	Coughing and watery eyes	SE	Strong	N	N
13-Feb-2014	1800	2	Y	x					x				N, smells like dog food today	Throat irritation, odour entered home had to close windows	SE	Breeze	N	N

Printed Name: _____ Signature: _____

Date (Day/Month/Year): _____

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Printed Name: _____ Signature: _____

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Printed Name: _____ Signature: _____

Date (Day/Month/Year): _____

