



# BLASTING COMPLAINT FORM

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

Address: \_\_\_\_\_

Date of Complaint: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Complaint: \_\_\_\_ AM/PM

Date of Blast: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Blast: \_\_\_\_ AM/PM

Distance/Direction from your property to blast: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received by City on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By: \_\_\_\_\_



## **\*\*MARTIN MARIETTA USE ONLY\*\***

Response and Action taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By: \_\_\_\_\_