WEST STREET SEWER SURVEY

Name _____

Address _____

Telephone _____

E-Mail _____

Please Circle

In the recent past some residents have noticed sewer odors.

1. I have odors associated with the Sewer at my residence Yes No

   If you have answered no you have completed the survey.
   If you have answered yes please continue

2. I notice odors: within my house outside my house
   both inside and outside

3. The odors I notice usually occur in: morning evening anytime

Please write in

4. The odors are worst when:

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5. I believe the cause of my odors is related to:

Contact Information:

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or

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