Blasting Complaint Form

Complainant's Name:

First: _____ Last: _____

Email: _____

Phone Number: _____

Complainant's Address:

Street Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Date of Incident: _____

Time of Incident: _____

Location of Blasting Site:

Street Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Name of Blasting Company or Business: _____

Description of Incident:

Please complete the following only if you are alleging damage.

Was any property damaged as a result of the blasting in question?

Yes ___ No ___

Description of damage and location:

Was any property damaged as a result of the blasting in question?
Yes ___ No ___

Was a Pre-Blast Survey done on this property prior to the start of blasting?
Yes ___No ___

Were you notified by the blasting company within 24 hours prior to the blasting?
Yes ___ No ___

Do you have any before or after documentation, such as pictures or video?
Yes ___ No ___