

**Instructions:**

- Save Complaint form to your computer
- Complete form
- Click on save
- Email completed form to; [KeepItClean@washoecounty.us](mailto:KeepItClean@washoecounty.us)

**SMOKE POLLUTION COMPLAINT  
TO  
WASHOE COUNTY AIR QUALITY MANAGEMENT DISTRICT**  
(775) 784-7200 (24 hrs per day)  
FAX (775) 784-7225  
[KeepItClean@washoecounty.us](mailto:KeepItClean@washoecounty.us)

Dear Washoe County Air Quality Management Officer:

**As you know, Burn Agencies are required to comply with the Clean Air Act even during prescribed burn operations.**

Valid smoke pollution complaints are Important to protect our health and our families health from dangerous PM1, PM2.5 and PM10 smoke emissions. **Please help protect our health.**

Please consider this a **formal** smoke emission air pollution complaint in connection with the burning/smoldering that is being conducted, or has recently been conducted **in the vicinity of (check all that apply):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Washoe Valley          | <input type="checkbox"/> Mt Rose Hwy                   | <input type="checkbox"/> North Valleys   |
| <input type="checkbox"/> Reno                   | <input type="checkbox"/> Sand Harbor                   | <input type="checkbox"/> Other location: |
| <input type="checkbox"/> Northern Washoe County | <input type="checkbox"/> Incline Village / Crystal Bay |  |

**Provide additional location information or comments:**

**The smoke is impacting and/or polluting (check all that apply):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> My Health / My families health   | <input type="checkbox"/> Residential neighborhoods        | <input type="checkbox"/> Schools                         |
| <input type="checkbox"/> Bus stops  | <input type="checkbox"/> Businesses                       | <input type="checkbox"/> Recreation or recreation events |
| <input type="checkbox"/> Public streets, roadway or highways  | <input type="checkbox"/> Portions of the Lake Tahoe Basin | <input type="checkbox"/> My pets, livestock or wildlife  |
| <input type="checkbox"/> I am having a difficult time breathing.  |   |  |
| <input type="checkbox"/> The smoke is preventing me from going outside or recreating.   |   |  |
| <input type="checkbox"/> I am a COPD, heart lung, Asthma patient or disabled and the smoke is making it difficult or painful to breath.   |   |  |
| <input type="checkbox"/> The smoke has gotten into my house even though my windows are closed.  |   |  |
| <input type="checkbox"/> I do not have a car. I must walk or bicycle wherever I go. The smoke is making it hard for me to breathe, travel to my job, walk my kids to school, go to the store, or perform other daily tasks. |   |  |

I have attached a photograph(s)

I am unable to attach a photograph

_____	_____	_____	_____
Name	Date (MM/DD/YYYY)	Phone	Email Address
_____		_____	
Street address or PO Box		City/Zip Code	

**Please ensure that an Air Quality Notice of Violation is issued to the burn agency or persons responsible for this pollution/smoke emission event if they are found to be creating unhealthful smoke impacts to persons. Please keep me informed of the outcome of my formal smoke/pollution complaint. Please do not try to dissuade me that this is just a temporary prescribed burn and it's just something we need to live with. The human lung is not smoke adapted. We have a right to Clean Air.**