

# RECORD OF CITIZEN CONCERN

Date Concern Received:	Time Concern Received:	Received By:
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PA Action Officer:	Legal Action Officer:
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## NATURE OF CONCERN

Noise     
  Low Flying     
  Dropped Object     
  Other (Specify):

## AIRCRAFT DESCRIPTION

### SIZE

Small  
 Large

### TYPE

Jet  
 Bomber  
 Prop  
 Fighter  
 Cargo

### COLOR

Grey  
 White  
 Camouflage

### OTHER

Markings  
 Numbers

Date Of Disturbance:	Time:	Day Of Week	<input type="checkbox"/> Sun	<input type="checkbox"/> M	<input type="checkbox"/> TU	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> Sat
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Where Was Caller At Time Of Disturbance?	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors
If Indoors, Were Windows	<input type="checkbox"/> Open	<input type="checkbox"/> Closed

Location (if other than home address given below):

Flight Direction:	Weather:
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**DAMAGE** (Make note of any damage claimed, but refer caller to JAG)

Name Of Caller:	Major Intersection
Address:	
City, State, Zip	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other
Phone:	

Date Response Provided:	Date Action Closed:	Mode of Response: <input type="checkbox"/> Phone <input type="checkbox"/> Mail
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