



Please Note: A prompt report to Payne & Dolan, Inc. can lead to more prompt action. Therefore, concerns and information regarding a specific quarry event can be reported directly to the quarry representative as soon as possible after the event by contacting the individual listed below. This step, however, is not required and/or if you prefer your complaint to remain confidential, you may use the Quarry Event/Complaint form provided below to notify the City.

Franklin Aggregates (Payne & Dolan, Inc.)
Mr. Mike Saddy
P.O. Box 781
Waukesha, WI 53187
Phone: (414) 423-2550
Fax: (414) 423-2551

NOTE: If you report the issue/complaint directly to the quarry, please also consider notifying the City as provided for below so that the City has more complete records of all issues. To file a written complaint with the City, print and complete the "Quarry Event/Complaint Form" below.

Please provide as much information as possible pertaining to the event being reported because specific information is often helpful in identifying and evaluating consistent problems or issues. Please answer each question as best as you can; for example, providing estimates where specifics are not certain (such as time, location, etc.).

PLEASE NOTE: A complainant's name and identification information on a complaint form may be released in response to an open records request for complaint(s).

Questions can be directed to the Planning Department at 414-425-4024.

Submit the completed form to:

City of Franklin
City Clerk's Office
9229 W. Loomis Road
Franklin, WI 53132

or by faxing to (414) 425-6428.



Quarry Event/Complaint Form

Name: _____ Phone: _____

Address: _____ E-mail: _____

Nature of Complaint:

Blasting Dust Noise Truck Traffic Road Conditions Odor Other _____

Time/Location:

Date and Time of Incident: ____/____/____ ____:____ A.M. P.M.

Address/Description of the location from where you observed the event: _____

Address/Description of location of event if different from your location (for example, you may simply indicate "quarry" or "south side of quarry" or name a street, etc.): _____

Description of Event and/or the Suspected Source of the Event: _____

Conditions at Time of Event: (Please answer as to the best of your recollection. If unsure, leave blank)

Approximate Temperature _____°F Approximate Wind Speed _____ mph from the _____ (approximate direction)

Mostly Sunny Mostly Cloudy Heavy Cloud Cover
 Raining Snowing Foggy Other _____

For Blasting Complaints: The following questions are intended to gauge the relative intensity of the ground motion of the event.

Did you feel the blast? No Barely Felt Clearly Felt Strongly Felt

Where were you when you felt it? Outside 1st Floor 2nd Floor Basement In a vehicle

Did you hear it? Yes No
Did it rattle windows? Yes No
Did it shake your house? Yes No
Did it cause any damage? Yes No

Comments

Additional information or comments you wish to share about the blast: _____

Event Report Distribution and Follow-up:

- 1. Did you already contact the quarry directly regarding this specific event/complaint/issue? Yes No
If you answered "Yes" to Question 1, skip to Question 4. If you answered "No" to Question 1, continue to Question 2.
- 2. Do you want your submission of this form to remain confidential? Yes No (NOTE: The City forwards this report to the quarry operator with your name included unless you check "yes" to this question about remaining confidential.)
- 3. If you answered "No" to the previous question, do you want a quarry representative to contact you? Yes No
- 4. Do you want a City representative to contact you? Yes No

Signature: _____ Date: _____