ADVERTISING MATERIAL DARLING INGREDIENTS ODOR DATASHEET

Please take a few minutes to complete the survey below. This is an attempt to document the experience of residents relating to the odors emitted from Darling Ingredients

<u>Please note that this is a request for information and you may be contacted by this law firm. Your response to this survey will not establish an attorney-client relationship.</u>

Please return the completed form to:
Kamensky Cohen & Riechelson, Attorneys at Law
194 S. Broad St. Trenton NJ 08608
Telephone (609) 394-8585 Facsimile (609) 394-8620
kriechelson@kcrlawfirm.com

| Your Name (please print) Address | | Spouse, Roommate or Partner's name (please prin |
|-----------------------------------|---|---|
| | | E-mail address |
| City, | State Zip | Telephone |
| 1. | Do you own the above home? ☐ Yes | □ No |
| 2. | If no, are you a tenant? ☐ Yes ☐ No | |
| 3. | How long have you resided at the property listed above: | |
| 4. | Have you noticed any odors from the Darling Ingredients Plant at your home? ☐ Yes ☐ No | |
| | If yes, please describe the offensive | e odors |
| 5. | Please briefly summarize how the offensive odors affect your ability to use and/or enjoy your home. | |
| | | |
| | I swear that the above answers are | true and accurate to the best of my knowledge. |
| | (Your signature) | (Spouse/Roommate/Partner's signature) |
| | ıy's Date: | |