ADVERTISING MATERIAL MONMOUTH COUNTY RECLAMATION CENTER 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 the Monmouth County Reclamation Center (Landfill)

<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

4. Have you noticed any odors from the Monmouth County Landfill at your home? ☐ Yes ☐ No If yes, please describe the offensive odors.	Your Name (please print) Spouse, Roommate or Partner's name (please				
 Do you own the above home? □ Yes □ No If no, are you a tenant? □ Yes □ No How long have you resided at the property listed above: □ Have you noticed any odors from the Monmouth County Landfill at your home? □ Yes □ No If yes, please describe the offensive odors. □ Please briefly summarize how the offensive odors affect your ability to use and/or □ Yes □ No 	Address		E-mail address		
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If yes, please describe the offensive odors. Please briefly summarize how the offensive odors affect your ability to use and/or	3.	How long have you resided at the property listed above:			
5. Please briefly summarize how the offensive odors affect your ability to use and/or	4.				
		If yes, please describe the offensive	odors		
I swear that the above answers are true and accurate to the best of my know	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 know					
		I swear that the above answers are tr	rue and accurate to the best of my knowledge.		
(Your signature) (Spouse/Roommate/Partner's		(Your signature)	(Spouse/Roommate/Partner's signature)		