HAWTHORNE MUNICIPAL AIRPORT – AIRCRAFT NOISE COMPLAINT

Call
Received: Date: ___________ Time: ___________ A.M./P.M. Received by: ___________

Person Making Report:

First

Last

Mailing Address: Street Name __________ Apt. No. __________
City __________ Zip Code __________

Telephone: Home ___________ Cell ___________

Location of Noise Occurrence: Approximate location: __________________________

Time Noise Occurred: Date: ___________ Time: ___________ A.M./P.M.
(if continued noise indicate in comments)

Nature of Noise Complaints: ___Too Loud ___Too Frequent ___Low Flying ___Landings ___Take-offs

Aircraft Description: ___Jet ___Helicopter ___Single Engine ___Military ___Multi-Eng ___Other

Direction of Flight: ___________________________

To Be Filled Immediately After Call
Attitude of Complaint: ___Anger ___Annoyance ___Fear ___Frustration

Other: __________________________________

Specific Action Requested by Complaint: _______________________________________

Comments: ______________________________
______________________________
______________________________

Action Taken: ______________________________
______________________________
______________________________

Date Action Taken: _______________ BY: ___________________________

Citizen Notified: ___Yes ___No Notified By: ___Telephone ___E-mail ___Other