



Santa Maria Public Airport District

3217 Terminal Dr
Santa Maria, CA 93455
Telephone (805) 922-1726
Fax (805) 922-0677

NOISE CONCERN INFORMATION

Incident: Date: _____ Time (24 Hr): _____

Name: _____
First Middle Last

Address: _____

City: _____

Telephone Number: Home () Other: () Work Mobile
: _____

INCIDENT INFORMATION

Weather: Good Fair Rain Fog Location Of Observation: Home Work
Other: _____

Of Aircraft: _____ Type : _____ Tail Number: _____

Estimated Altitude: _____ /ft Direction Of Flight: West East North South Other: _____
Above Ground Level Location: Ramp Runway Take Off Landing Pattern

Caller
Comments: _____

Received: Date: _____ Time: _____ AM PM

FOLLOW-UP INFORMATION

Check to Identify Aircraft(s):

SMX ATC: Yes No
Police Dept. Reports: Yes No

FBO: _____: Yes No
Prior Permission Requests: Yes No

Explanation /
Remarks: _____

Received By: _____ / Operations Department