

## RUMPKE LANDFILL ODOR SURVEY

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

**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.**

You can fill this form out online by visiting our website at [www.lawrencefirm.com](http://www.lawrencefirm.com) (then click on "contact us" and then open the Rumpke Landfill Survey) or you can return this survey form to:

The Lawrence Firm, PSC  
Attn: Jennifer L. Lawrence  
8044 Montgomery Road Suite 700,  
Cincinnati, OH 45236  
Telephone: 513-651-4130  
Fax: 859-578-1032

\_\_\_\_\_  
Your Name (please print)

\_\_\_\_\_  
Your Spouse's name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail address:

\_\_\_\_\_  
(\_\_\_\_\_) 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: \_\_\_\_\_ years \_\_\_\_\_ months

4. Have you noticed any offensive odors from the Rumpke Landfill at your home? (yes) (no)

**If yes, please describe the offensive odors.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. How long have you experienced the offensive odors at your home? \_\_\_\_\_

6. Please describe 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)

\_\_\_\_\_  
(Your spouse's signature)

Date: