



Maryland Department of Transportation
MARYLAND AVIATION ADMINISTRATION
AIRCRAFT NOISE COMPLAINT FORM

BWI MTN OTHER AIRPORT: _____

DATE: _____ TIME: _____

NAME: MR./MRS./MS.: _____
(FIRST) (LAST)

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

TIME OF EVENT:

FROM: _____ (24 HR.) (month day year) TO: _____ (24 HR.) (month day year)

NATURE OF COMPLAINT:

- | | | | |
|-------------------------------------|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Arrival | <input type="checkbox"/> Departure | <input type="checkbox"/> Run Up | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Jet | <input type="checkbox"/> Propeller | <input type="checkbox"/> Helicopter | <input type="checkbox"/> Military |
| <input type="checkbox"/> Low Flying | <input type="checkbox"/> Too Loud | <input type="checkbox"/> Too Frequent | <input type="checkbox"/> Vibration |
| <input type="checkbox"/> Health | <input type="checkbox"/> Safety | <input type="checkbox"/> Property Damage | <input type="checkbox"/> Other |

ACTIVITY DISRUPTED:

- | | | | |
|---------------------------------------|----------------------------------|---|--------------------------------|
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio | <input type="checkbox"/> Phone | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Conversation | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Social Gathering | <input type="checkbox"/> Other |

WEATHER:

IFR VFR

Ceiling H/C: _____ Visibility: _____ MI. Humidity: _____ %

Temperature: _____ F Wind Direction/Speed _____ MPH

PROBABLE RUNWAY USE:

BWI: _____ MTN: _____ OTHER: _____

FOLLOW UP:

Return Call Letter Response Not Requested DATE: _____

Information provided to complainant: _____

IDENTIFICATION SOURCE:

MTN Tower MAA FAA Complainant Other

NOISE ZONE:

Less than 65 Ldn 65-69 Ldn 70-74 Ldn 75 LDN & Over

Complaint Received By: _____

