

STORM WATER MANAGEMENT PROGRAM
STORM WATER HOTLINE FORM

COMPLAINT RECEIVED BY _____ DATE _____

NAME (Resident/Owner) _____

STREET ADDRESS _____

HOME PHONE _____

DAYTIME PHONE _____

NATURE OF PROBLEM

___ Flooding ___ Erosion ___ Water Quality ___ Dumping ___ Construction Site ___ Other _____

FREQUENCY OR DATE OF OCCURRENCE _____

LOCATION _____

DESCRIPTION OF PROBLEM _____

COMPLAINT REFERRED TO _____

COMPLAINT RESOLUTION _____
