

STORMWATER COMPLAINT FORM
REQUEST FOR INVESTIGATION

Complainant

FEE \$50

Name _____ Phone No. _____

Address _____ City _____ State _____ Zip Code _____

Township _____ Subdivision _____ Lot # _____

State Parcel ID # 15- - - - . - _____

Land Use (circle 1) Residential Commercial Vacant _____

Site Information

Owner _____

Address (if available) _____ City _____ State _____ Zip Code _____

Township _____ Subdivision _____ Lot # _____

State Parcel ID # 15- - - - . - _____

Land Use (circle 1) Residential Commercial Vacant _____

Description of the site of the Nuisance

General Explanation of the Need for Removal of the Nuisance
