

Sewage Complaint Form

Please read directions carefully and check all that apply.

1. All information must be completed.
2. Provide a complete address / parcel number of the location.
3. Provide the owners name and mailing address.
4. Be specific in description of complaint.

Complainant Information

Reported by: _____

Phone: _____

Mailing Address: _____

Complaint Location

Owner: _____

Phone: _____

Location Address: _____

Mailing Address (if different from above address): _____

Check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> No Septic System | <input type="checkbox"/> Sewage Water Surfacing | <input type="checkbox"/> Sewage / Color (Sewage Effluent) |
| <input type="checkbox"/> Septic Tank Overflowing | <input type="checkbox"/> Sewage Discharging to Ditch | <input type="checkbox"/> Flooded Septic System |
| <input type="checkbox"/> Septic System Altered without Approval | | <input type="checkbox"/> Septic System Non – Operational |
| <input type="checkbox"/> Sewage Discharging to Stream or Pond | | <input type="checkbox"/> Visible Sludge |

Explain: _____

Exact directions for reaching location of complaint: _____

Township, Village or City in which complaint is located: _____

Signed: _____ Date: _____

(REQUIRED)

ANY INFORMATION NOT PROVIDED SUFFICIENTLY ENOUGH WILL DELAY THE PROCESSING OF THIS COMPLAINT BY THIS DEPARTMENT AND MAY NOT BE INVESTIGATED.