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Mallori McDowell  
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**CONSUMER DRINKING WATER COMPLAINT FORM**

OWNER/ APPLICANT INFORMATION:

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Are you submitting the complaint on behalf of someone else? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you the owner of this property? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a tenant at this property? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you called a plumber? YES \_\_\_\_\_ NO \_\_\_\_\_

Nature of Complaint: (Please circle all that apply)

Rust                      Sediment                      Pressure                      Odor

Other – Please specify: \_\_\_\_\_

Please provide specific details about your complaint (exp. How long has it been occurring?):

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

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Municipal Staff Receiving Complaint

\_\_\_\_\_  
Date