



WATER SYSTEM COMPLAINT

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

TYPE OF COMPLAINT: (Check all that apply & approximate date the problem began.)

TASTE

YES

NO

Date _____

ODOR

YES

NO

Date _____

COLOR

YES

NO

Date _____

CLOUDY

YES

NO

Date _____

PARTICLES

YES

NO

Date _____

CHLORINE ODOR

YES

NO

Date _____

OTHER

YES

NO

Date _____

OTHER

(Please thoroughly explain the problem you are having in a descriptive manner.)

Example: "The water has a metal taste to it" instead of "The water tastes bad."

THE INFORMATION YOU PROVIDE WILL ASSIST US IN DIAGNOSING THE PROBLEM IN YOUR AREA. WE APPRECIATE YOUR PATIENCE.

AC INITIALS _____	<input checked="" type="checkbox"/> Notification Rec'd	Phone _____	Email/Ltr _____	Office _____
TECHNICIAN _____	ASSIGNED: TIME _____	DATE _____		
EMAILED WSC TO OPUD GROUP DATE: _____				
COMPLETED: DATE _____ RESULTS _____				

