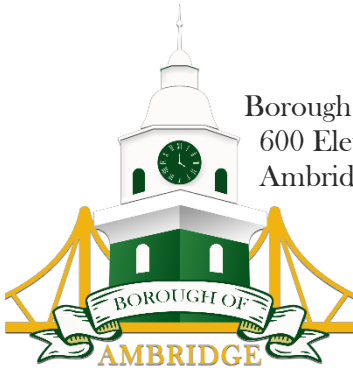




Borough of Ambridge
600 Eleventh St.
Ambridge, Pa 15003

STORMWATER POLLUTION COMPLAINT

DATE OF COMPLAINT: _____

Citizen Name: _____

Address: _____

Daytime Phone: _____

Email Address: _____

(Note: Giving us your name, address, phone number and/or email address is required - you need to provide this information to submit your questions, comments, or complaint. This information will also enable us to provide you with a follow-up in return. Your information will remain confidential.)

Detail Description of Event (add separate sheets if necessary):

Location (please be as exact and specific as possible):

Property Owner (if known): _____

Reporting Citizen Signature

Date

Inspector's Follow Up Comments: _____

Inspector's Signature: _____

Date: _____