



MS4 PUBLIC COMPLAINT FORM

Town of Dyer * One Town Square * Dyer, IN 46311
Phone: (219) 865-4222 * Fax: (219) 865-4376

RECEIVED

Date:	
Time:	

COMPLAINANT INFORMATION

Name:	
Address:	
Phone#:	

NATURE OF CONCERN

- | | | |
|--|--|---|
| <input type="checkbox"/> Sediment from Construction Site | <input type="checkbox"/> Wetland Disturbance | <input type="checkbox"/> Storm Water Permit Question |
| <input type="checkbox"/> Suspect Pollutant Discharge | <input type="checkbox"/> Flooding/Drainage Issue | <input type="checkbox"/> Detention/Retention Pond |
| <input type="checkbox"/> General Question on MS4 | <input type="checkbox"/> Storm Water Fee Question | <input type="checkbox"/> Combined Sanitary with Storm |
| <input type="checkbox"/> Request Technical Assistance | <input type="checkbox"/> Ditch/Stream Bank Failure | <input type="checkbox"/> Damaged Utility |
| <input type="checkbox"/> Storm Water Caused Damage to Home | | <input type="checkbox"/> Other _____ |

DESCRIPTION OF CONCERN

Specific Location:	
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Description: Please provide written statement of concern below and desired outcome. Also include pictures and copy of property survey if available. Utilize back side of this form or attach additional pages as needed.

Below Completed by Storm Water Director:

REFERRED TO:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Public Works | <input type="checkbox"/> Engineering | <input type="checkbox"/> Field Inspector |
| <input type="checkbox"/> Street Dept. | <input type="checkbox"/> Attorney | <input type="checkbox"/> Code Enforcement |
| <input type="checkbox"/> MS4 Coordinator | <input type="checkbox"/> Parks Dept. | <input type="checkbox"/> Water/Sewer Dept. |
| <input type="checkbox"/> Planning/Building Dept. | <input type="checkbox"/> Fire Dept. | <input type="checkbox"/> Storm Water Board |

RESPONSE

- Further Investigation Required
- Issue Resolved
- Referred to Other Department
- Referred to State Authority