

Your contact information:	
Name	Phone number
Mailing Address	
Street	City
Province	Postal Code
Email Address	
Provide details about your source of drinking water:	
<input type="checkbox"/> Private water source (i.e. well, creek) <input type="checkbox"/> Community water system (i.e. City of Langley) <input type="checkbox"/> Other	
Did you collect and test a water sample? Yes No N/A	
Did you contact your water supplier? Yes No N/A	
Name of water system or location of complaint _____	
Complaint details:	
Date issue first noted _____	
Reason for your complaint	
<input type="checkbox"/> Household illness _____	
<input type="checkbox"/> Noticeable Change in water quality	
<input type="checkbox"/> Taste _____	
<input type="checkbox"/> Odor _____	
<input type="checkbox"/> Colour _____	
<input type="checkbox"/> Turbidity (cloudiness) _____	
<input type="checkbox"/> Threat to safety of drinking water (provide specific details)	
<input type="checkbox"/> E coli detected in water sample	
<input type="checkbox"/> Other	
Additional information: _____	