

<b>YOUR CONTACT INFORMATION</b>	
NAME:	TELEPHONE NUMBER:
E-MAIL ADDRESS:	CELL PHONE NUMBER:
MAILING ADDRESS:	
STREET	CITY
POSTAL CODE	
ARE YOU A TENANT?	

<b>NATURE OF PROBLEM/CONCERN</b>	
DATE PROBLEM/ISSUE FIRST NOTICED OR OCCURRED:	
<b>DRINKING WATER</b>	CHECK APPLICABLE BOXES: <input type="checkbox"/> Complaint is related to a private well <input type="checkbox"/> Complaint is related to a community water system (name of system): <input type="checkbox"/> No drinking water available <input type="checkbox"/> Household illness <input type="checkbox"/> Change in water quality (e.g. taste/odor/colour/cloudiness) <input type="checkbox"/> Threat to the safety of drinking water (describe below) <input type="checkbox"/> Unsafe drinking water (e.g. E coli detected in drinking water) <input type="checkbox"/> Other (describe below) DESCRIBE YOUR CONCERN (Limit 250 characters):
	CHECK APPLICABLE BOXES: <input type="checkbox"/> Suspected malfunctioning septic system (e.g. sewage on surface of land) <input type="checkbox"/> Sewage back up into home <input type="checkbox"/> Suspected illegal installation of a septic system or a holding tank <input type="checkbox"/> Other (describe below) STREET ADDRESS OF THE PROPERTY OF CONCERN: STREET CITY POSTAL CODE DESCRIBE YOUR CONCERN (Limit 300 characters):