



City Of Charleston Drainage Complaint Form

Complaint Date: _____

Home Phone: _____

Occurrence Date: _____

Work Phone: _____

Salutation: _____

Cell Phone: _____

First Name: _____

Email: _____

Last Name: _____

Select the field that applies to the complainant.

Please select property type. Commercial or Residential

Owner: Tenant: Other:

Commercial Residential

Street/ PO Box Number: _____

Street Name: _____

City: _____ State: _____ Zip: _____

Is this the first occurrence? YES NO If no, how many times? _____

How long has the problem existed? _____

Has someone inspected the complaint before? YES NO

If yes, what was the inspector's name and/or name of agency? _____

Does this problem occur frequently or only after large storms? _____

Do you give the city permission to enter property to inspect? YES NO

Detailed Description Of Problem: (If filing a paper copy, use the back for additional space.)

Signature: _____