Stormwater Facility Repair Response Card

This card acts as your response to the County regarding your effort to bring your stormwater facility up to code.

Facility ID Number:
Facility Name:

Please provide: Name: _____
Address: _____
Phone Number: _____

Reporting of work completion/plans to complete work:

Note that all facility defects must be addressed for work to be done:

☐ If done report date ☐ If not done, planned completion date

Date reported mm/dd/yy (_____)

Do you need assistance in understanding your facility defect report?

☐ Yes ☐ No If Yes, please update contact information above so that we can set up an appointment.

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