



VILLAGE OF MERRICKVILLE-WOLFORD

Complaint form Utilities (water and sewer)

Date: _____ Time: _____

Name of complainant: _____

Street address: _____

Telephone/Cell: _____

Method of contact: In person Telephone Email Tel message
 Other: _____

Nature of complaint:

<input type="checkbox"/> Noise	<input type="checkbox"/> Service problem	Water: Pressure	<input type="checkbox"/>
<input type="checkbox"/> Visual	<input type="checkbox"/> Basement flooding	No water	<input type="checkbox"/>
<input type="checkbox"/> Odour	<input type="checkbox"/> Other: _____	Supply	<input type="checkbox"/>
		Taste	<input type="checkbox"/>
		Colour	<input type="checkbox"/>

Description: _____

Action taken in response: _____

Section below to be completed by OCWA

Treatment related: Yes No Distribution related: Yes No

Was the source of the problem identified? Yes No

Describe: _____

Comments: _____

Signature Print name Date