



City of Statesboro

Engineering Department

Stormwater Complaint Form

Please fill in completely and legibly. If the information is incomplete or cannot be read, the complaint may not be investigated.

Utility Account Number

Last Name First Name Middle Initial

Address City State Zip Code

Primary Telephone Number Secondary Telephone Number (Optional)

Email Address (Optional)

Please provide a complete description of the specific issue(s) including photos and documentation you believe applies to the purpose of the Stormwater Management Program.

Please provide the specific location(s) of the Stormwater Issue prompting the complaint.

Mail completed form to:
City of Statesboro
Stormwater Manager
P.O. Box 348
Statesboro, GA 30459

Name (Please Print): _____

Signature: _____

Date: _____

To be completed by City

Evaluated by

Date Received

Date Investigated

Recommendation by Engineering Department Staff (with supporting documentation and photos)

Date Complainant Contacted

Method of Contact

Was complaint resolved? If not, please explain.

