Perryopolis Borough

312 Independence Street

PO Box 304

Perryopolis, PA 15473

724-736-4441

Drainage Complaint Form

Complainant Name: _____ **Date Filed:** _____

Address: _____

Perryopolis, PA 15473

Contact Number: _____

E-mail Address: _____

Select the field that applies to the complainant.

Owner: ___ **Tenant:** ___ **Other:** ___

Please select property type.

Residential: ___ **Commercial:** ___

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 were the prior outcome or findings? _____

_____

Does this problem occur frequently or only after heavy rainfall? _____

_____

Do you give the borough permission to enter the property to inspect? Yes: ___ **No:** ___

Detailed Description of Problem:

_____

_____

_____

_____

_____

_____

Signature: _____