

WATER COMPLAINTS

DATE CALLED _____ DATE NOTICED _____

ADDRESS _____

DO THEY HAVE SOFTNER OR INLINE FILTER _____

INITIAL _____

OFFICE _____

DATE RECEIVED INTIAL _____ DATE/TIME CHECKED _____

WHERE WAS WATER CHECKED FROM _____

WATER TEST DONE/RESULTS _____

ANY UNUSUAL CONDITIONS _____

ANY OTHER COMPLAINTS IN AREA/DESCRIBE _____

WORK PERFORMED ON PROBLEM _____

FINAL COMMENTS OR SUGGESTIONS _____

NAME _____

**ATTACH ANY TEST RESULTS
OR OTHER PAPERS FILED**