



Water Quality Complaint Form

Date: _____

Description of condition to be addressed: _____

Description of water issue:

- Cloudy – Milky Discolored Smell Taste Other

Location: _____

Your Name (In case we need more information) _____

Your Phone No. & Address: _____

DO NOT WRITE IN SPACE BELOW – FOR CITY PERSONNEL USE ONLY

City Recommendation: _____

Date: _____ By _____
Whom: _____

City of Ventura

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