

OLIVEHURST PUBLIC UTILITY DISTRICT WATER SYSTEM COMPLAINTS

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____

TYPE OF COMPLAINT:

(Check all that apply & approximate date the problem began)

TASTE

YES

NO

Date _____

ODOR

YES

NO

Date _____

COLOR

YES

NO

Date _____

CLOUDY

YES

NO

Date _____

PARTICLES

YES

NO

Date _____

CHLORINE ODOR

YES

NO

Date _____

OTHER

YES

NO

Date _____

OTHER

(Please thoroughly explain the problem you are having in a descriptive manner)

Proper example: "The water has a metal taste to it."

Improper example: "The water tastes bad."

THE INFORMATION YOU PROVIDE WILL ASSIST US IN DIAGNOSING THE PROBLEM IN YOUR AREA. WE APPRECIATE YOUR PATIENCE. PROBLEMS MAY OCCUR UNTIL THE WATER STORAGE TANK IS IN OPERATION (APPROXIMATELY MAY 2006)

FOR OFFICE USE ONLY

TECHNICIAN _____ TIME _____ DATE _____

RESULTS _____

