

Town of Virden

Water Complaint Form

1. Name: _____

2. Street Address: _____

3. Phone: _____

4. Date: _____

5. Complaint: Smell? Taste?

| | | | |
|--------------------|---------------|----------|--------------|
| 6. Describe Smell: | Rusty | Metallic | Astringent |
| | Earthy | Musty | Sulfide-like |
| | Swampy | Septic | Chlorinous |
| | Swimming Pool | Bleach | Plastic |
| | Chemical | Solventy | Medicinal |
| | Wet Paper | | |

Other: _____

7. Origin of Problem: Cold water? Hot water? All taps?
 Basement? Main Floor? Second Floor?

Other: _____

8. Is the problem: Constant? Sporadic?

Explain: _____

9. Have there been any recent changes in the building?

 Plumbing? Hot Water Tank? Renovations? Carpet?

10. General Comments: _____

Instructions:

Report of Actions Taken:
