STORM WATER POLLUTION PREVENTION PROGRAM **Request for Investigation of a Complaint**

Mailing: Stanislaus County Public Works, Storm Water Division 1716 Morgan Road, Modesto, CA 95359



Phone: (209) 525-4130 | Fax: (209) 525-4188

Date:	Taken by:	
Complainant:	Response Requested:	Yes □ No □
Phone:		
Subject Address:		
APN#		
Storm Water Pollution Complaint Activity Det	rails (Spacific As Possible)	
Storm water i Shutton Complaint Activity Bet	ans (opecine As i ossible)	
Property Owner:		
Address:		State: Zip:
BELOW TO BE	FILLED OUT BY INVESTIGATING FIELI	D INSPECTOR
Field Investigation Results:		
Date: Inspector:	Time:	Photos: Yes No
	ction Results Inputted:	Contacted State Board:
Yes	Yes 🔲	Yes
No L Comments/Notes:	No L	No 📙
Resolution:		
Referrals: Planning	Department of Environmental	
☐ Zoning	Stanislaus Consolidated Fire	Department
Case Closed: Yes No		
Date Resolved	Inspector	
Complaint Case #		