

**The City of White Plains  
Department of Public Works**

**STORM / WASTE WATER COMPLAINT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Location of Issue: \_\_\_\_\_

| <b>PROBLEM (Please circle)</b>                 | <b>RESOLUTION (For City Use Only)</b> |
|--|---------------------------------------|
| Missing Cover                                  |                                       |
| Missing Grate                                  |                                       |
| Noisy Cover or Grate                           |                                       |
| Sanitary Sewer Blockage                        |                                       |
| Storm Water Blockage                           |                                       |
| Service Line Blockage                          |                                       |
| Sewer Odors                                    |                                       |
| Flooding on Private Property                   |                                       |
| Flooding on City Property                      |                                       |
| Pollutant Discharging into Public Right-of-Way |                                       |
| Other (provide a brief description)            |                                       |

**COMMENTS**

**For City Use Only**

Investigation by: \_\_\_\_\_ Time: \_\_\_\_\_

**In case of Water/Stormwater Emergency call: (914) 422-1333 (24 hours/7 days/week)**

For non emergencies please complete this form and fax to: (914) 422-0703