



CITY OF JACKSON STORMWATER PROGRAM

Request for Investigation of a Complaint

Mailing: City of Jackson Public Works Department, Storm Water Management Program, Suite 504
200 South President Street, Jackson, MS 39205

Phone: (601) 960-0000 **Fax:** (601) 960-1174

Date: _____

Complainant's Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

StormWater Pollution Complaint Information

Location of Pollution Activity: _____

Activity Details (Be specific as possible)

Violator's Information (If Known):

Name: _____

Address: _____ City/State/Zip _____

Phone: _____ Vehicle License Plate: _____

Other Description(s): _____
