

AHTD Stormwater Complaint Form

Please Fill in the following information about your complaint

Date of Discharge

Nearest City or Town

Highway Number

Violation Type

Specific Description of
Violation

Address where violation
occurred or clear directions to
violation location/driving
direction. Please be exact as
possible

Name, address, and telephone
number of the individual
company, business, or
government entity
responsible for the violation,
if known

Your Name

Your telephone number

Your E-mail