

Engineering Department

Streetsboro Storm Water Management Program

ILLEGAL DUMPING VIOLATION FORM (Adapted from the EPA Form)

Information about the suspected violation

Please provide as much information as you can in the form below. Asterisks (*) indicated required fields. If you do not know the name or address of the alleged violator, please enter "Unknown."

- *Suspected violator's name:
- *Suspected violator's address:
- *Suspected violator's city: Streetsboro
- *Suspected violator's state: Ohio
- Suspected violator's zip: 44241
- Date of incident (mm/dd/yyyy) if known:

Your Contact Information

You are not required to provide your contact info. However, if you don't provide it, we may be unable to contact you for additional info that may be needed to determine whether or not an investigation is warranted. If you do provide your contact info, this info may be used to initiate follow-up communications with you and may be shared by the City of Streetsboro with appropriate administrative, law enforcement and judicial entities engaged in investigating the tip or complaint.

- Your name:
- Your e-mail:
- Your phone:
- Your address:
- Your city:
- Your state:
- Your zip:

- Is the suspected violation still occurring? Yes No
- Have you already notified you state DEP, DEQ, DEM? Yes No
- Department Contact (if known):

Please tell us how you would characterize the suspected violation?

- | | | | |
|--------------------------------------|--------------------------------------|------------------------------------|--|
| (check one) | (check one) | (check all that apply) | (check one) |
| <input type="checkbox"/> Accidental | <input type="checkbox"/> Release | <input type="checkbox"/> Land | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Intentional | <input type="checkbox"/> Dump/Buried | <input type="checkbox"/> Water | <input type="checkbox"/> Company |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Spill | <input type="checkbox"/> Air | <input type="checkbox"/> Government/Military |
| | <input type="checkbox"/> Spray | <input type="checkbox"/> Worker | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Fill | <input type="checkbox"/> Documents | |
| | <input type="checkbox"/> Falsified | | |

I understand that I am providing the information in this tip or complaint to the City of Streetsboro Engineering Dept., which has the authority to investigate and seek penalties for certain violations of law. I understand that any info I provide in this tip or complaint must be true and accurate to the best of my knowledge. I also understand that the City of Streetsboro may review any info provided in this tip or complaint to determine whether or not an investigation into the matter is warranted.