

**CITY OF WEST LINN
PUBLIC WORKS DEPARTMENT
INCIDENT REPORT & CITIZEN INQUIRY FOR ILLICIT DISCHARGE/SPILLS**

DATE:	TIME:			
RECEIVED BY:				
NAME:		PHONE:		
ADDRESS:		PHONE:		
INCIDENT LOCATION:				
<i>ILLICIT DISCHARGE/SPILL CHARACTERISTICS:</i>				
PROPERTY DAMAGE:	NO	YES:		
INITIAL RESPONSE DATE:		TIME:	BY:	
PHOTO:	NO	YES	LOCATION OF PHOTO:	
<i>HOW DISCHARGE/SPILL WAS REMOVED:</i>				
INITIAL COMPLETION DATE:		TIME:		
<i>IF FURTHER ACTION REQUIRED, REFERRED TO:</i>				
FINAL COMPLETION DATE:		TIME:	BY:	