



TOWN of PLAINFIELD

MS4 PROGRAM

ILLCIT DISCHARGE DETECTION and ELIMINATION (IDDE) CITIZEN REPORTING FORM

NAME: _____

ADDRESS: _____

PHONE #: _____/EMAIL: _____

PREFERRED CONTACT: _____phone _____email

DATE: _____

LOCATION OF SUSPECTED ILLICIT DISCHARGE (please be specific):

DESCRIPTION OF ILLICIT DISCHARGE OBSERVED:

Color _____

Is there an odor? _____/if so, what does it smell like? _____

Is it visible:

Constantly _____

Frequently _____

Occasionally _____

Please complete and submit the Reporting Form to Kevin Cunningham, First Selectman, via: email kcunninghamselectman@plainfieldct.org, mail 8 Community Ave., Plainfield, CT 06374, or hand deliver to the Town Hall.

PLAINFIELD TOWN HALL

8 Community Ave., Plainfield, CT 06374

TELEPHONE (860) 230-3028

FAX (860) 230-3029

