## PULASKI SOLID WASTE BOARD SOLID WASTE COMPLAINT

REFERENCE # DATE FILED: \_\_\_\_\_ TIME FILED: \_\_\_\_\_ AFFIANT:\_\_\_\_\_\_ PHONE #:\_\_\_\_\_ AFFIANT ADDRESS: REASON FOR CALL ☐ ILLEGAL DUMP ☐ ILLEGAL DUMPING □ OTHER: LOCATION OF COMPLAINT DEFENDANT:\_\_\_\_ PHYSICAL ADDRESS: LOCATION OF COMPLAINT: DIRECTIONS: **INVESTIGATED** DATE: \_\_\_\_\_ IF THIS BOX CHECKED, SEE ATTACHED REPORT ACTION TAKEN: