

**CITY OF GARLAND STORMWATER MANAGEMENT
E-HOTLINE FORM**

Complaint Information (Required)

Nature of violation (be as specific as possible):

Location of violation (if no street address, please list cross-streets and landmarks):

Complainant Information (Optional)

Name _____

Address _____

Phone number _____

May we contact you if additional information is required to investigate the above complaint? Yes No

