City of Greenwood Department of Stormwater Management
300 South Madison Ave, Greenwood, IN 46142
(317) 887-4711

Request for Stormwater Nuisance Investigation

Name and Address of Requesting Party:

Name _____

Address _____

Name and Address of property affected by alleged Stormwater Nuisance:

Name

_____

Address _____

Name and Address of property on which source of alleged nuisance exists:

Name

_____

Address _____

Please give a general description of the source and nature of the alleged nuisance:

_____

_____

_____

Describe the actions necessary to abate the nuisance:

_____

_____

_____

Have you discussed the matter with the party responsible for the alleged nuisance? ____Yes ____No

If so, please describe the substance of the discussion: _____

_____

_____

Please attach site photographs or other documentation you believe might assist the investigation.
Please attach proof of payment of the investigation fee.

_____ _____

Requesting Party Date