

**TOWN OF FENWICK ISLAND  
DRAINAGE PROBLEM REPORT**

DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

TYPE OF INSPECTION:     Post-Storm     Complaint     Routine

LOCATION: \_\_\_\_\_

TYPE PROBLEM: \_\_\_\_\_

RESIDENT COMPLAINT (please circle).                      YES                      NO

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**DISPOSITION**

WORK PERFORMED: \_\_\_\_\_

DATE: \_\_\_\_\_

CREW NAMES: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

WORK SATISFACTORY (please circle)                      YES                      NO

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_