

Stormwater Facility Repair Response Card

This card acts as your response to the County regarding your effort to bring your stormwater facility up to code.

Facility ID Number:

Facility Name:

Please provide: Name: _____

Address: _____

Phone Number: _____

Reporting of work completion/plans to complete work:

Note that all facility defects must be addressed for work to be done:

If done report date If not done, planned completion date

Date reported mm/dd/yy (_____)

Do you need assistance in understanding your facility defect report?

Yes No If Yes, please update contact information above so that we can set up an appointment.

1300 Franklin Street • Vancouver, Washington 98660 • <http://www.clark.wa.gov>

tel: (360) 397-6118 x4982 • fax: (360) 759-6861