



Erosion Control
Complaint Number

COUNTY OF ALBEMARLE
Department of Community Development
401 McIntire Road, Room 227
Charlottesville, Virginia 22902-4596

Phone (434) 296-5832

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EROSION AND SEDIMENT CONTROL COMPLAINT FORM

<p align="center">Caller / Complainant</p> <p>Print Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number _____ (Home)</p> <p>Phone Number _____ (Work / Other)</p>	<p align="center">Property to be Investigated</p> <p>Tax Map / Parcel _____ - _____ - _____</p> <p>Print Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number _____ (Home) (Work / Other)</p>
<p align="center">Problem</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p align="center">Investigation</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Screening Form Sent Yes _____</p> <p>Screening Form Received Yes _____</p> <p>Screening Form Exempt Plan Agreement</p> <p>Screening Form Number _____</p>	<p>Written Attachments Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Photo Attachments Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Erosion Control Violation Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Erosion Control Violation Number _____ Date Determined A Violation _____</p>	
<p align="center">Program Authority</p> <p>I swear that the facts and information stated are true and accurate to the best of my knowledge.</p> <p>Signature _____ Date _____</p> <p>Print Name _____</p>	<p align="center">Notary Public</p> <p>Signature _____ Date _____</p> <p>My Commission Expires _____</p>