



CITY OF ROY WATER QUALITY COMPLAINT

PO Box 700 • Roy WA 98580
(253) 843-1113 • RoyCityHall@CityofRoyWA.us

Service address: _____ Residential Commercial

Customer name: _____ Phone: () _____

Date: _____ Time: _____ When did problem start? _____

Problem occurs with: hot water cold water both

Complaint: stains odor taste pressure cloudy other

Details: _____

FOR OFFICE USE: Tap no. _____

Testing:

Bact. sample _____ Location _____ Time _____ Date _____

Chlorine _____ Location _____ Time _____ Date _____

Main flushed _____ Location _____ Time _____ Date _____

Observation:

Running time _____ Hot/Cold _____ Time to clear _____

Location _____ Odor _____ Taste _____ Turbid/stains _____

Comments _____

Bact. test to lab Date _____ Time _____ Results rec'd. date _____

Sent to customer date _____

Inspected by _____