

Water Complaint Form

PWS ID: LA1003002

PWS Name: **TOWN OF ELIZABETH WATER SYSTEM**

Date Complaint Received	Complaint Received by:	Time:
Service Connection Address		
Customer Name	Account #	
Customer Phone Number		
Customer Email Address		
WORK ORDER #	Assigned Employee:	
Description of Problem	Corrective Action Taken	
Date Corrective Action Completed		
Work Order closed Date:	Employee Sign:	

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