

CLARK COUNTY DRAINAGE BOARD

CLARK COUNTY GOVERNMENT BUILDING
501 EAST COURT AVENUE, ROOM 421
JEFFERSONVILLE, INDIANA 47130
812-285-6281 (office) 812-285-6349 (fax)

COMPLAINT FORM

Please print all information as complete and detailed as possible. If you need additional space, attach additional pages as needed. To ensure this complaint is addressed, this form must be submitted ten calendar days prior to the next scheduled meeting. Also, the complainant must be present at the scheduled meeting to answer questions the Board may have.

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ CELL # _____ EMAIL _____

IS THE DRAINAGE ISSUE RELATED TO SOIL EROSION? Yes No

IS THE DRAINAGE ISSUE RELATED TO A BLOCKAGE TO A DRAIN? Yes No

IF SO, DO YOU BELIEVE THE BLOCKAGE WAS INTENTIONAL? Yes No

DOES DRAINAGE CONCERN THE ADJOINING PROPERTY? Yes No

IF SO, NAME(S) OF ADJOINING PROPERTY OWNER(S): _____

IF SO, HAVE YOU CONTACTED THE ADJOINING PROPERTY OWNER? Yes No

IF SO, PROVIDE NAME(S) AND CONTACT INFORMATION OF ADJOINING PROPERTY OWNERS:

IF SO, BY WHAT MEANS WAS CONTACT MADE? _____

Person to Person Telephone Mail Other

DESCRIPTION/LOCATION OF THE DRAINAGE CONCERN: _____

DESCRIPTION/LOCATION OF OTHER AFFECTED PROPERTIES: _____

ACTIONS YOU HAVE TAKEN TO THIS POINT (IF ANY): _____

WHAT DO YOU WANT THE DRAINAGE BOARD TO DO ABOUT THIS PROBLEM _____

DRAINAGE BOARD/STAFF USE ONLY

DATE SUBMITTED: _____ PRE-MEETING ACTIONS/REFERRALS: _____

DATE OF REFERRAL: _____ DATE OF MEETING: _____

WAS APPLICANT PRESENT AT THE MEETING? YES NO

ACTIONS/RESOLUTIONS: _____

