



CITY OF BLACK DIAMOND
Illicit Discharges and Spills Form
PO Box 599 - 24301 Roberts Drive, Suite B
Black Diamond, WA 98010
Phone: 360.886.2560 - Fax: 360.886.2592

CONTACT NAME: _____ PHONE: _____

MAILING ADDRESS: _____

TIME: ____:____ A.M. P.M. DATE: _____

WISH TO REMAIN ANONYMOUS NOTIFY OF ACTION TAKEN

VIOLATION CONCERN (provide details: illicit discharge location and address, owner's name, operator of site, hazardous substances released)

CITY CONTACTED BY: Phone Letter E-Mail In-Person

RESPONSE OR ACTION TAKEN:

By: _____ Date: _____

RESPONDED TO CITIZEN BY: Phone Letter E-Mail