



**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)**

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

RESPONSE OR ACTION TAKEN:

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By: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDED TO CITIZEN BY:  Phone  Letter  E-Mail