

WALLER COUNTY

Date Investigated Requested _____ Source _____

Date Complainant Contacted _____ EF No. _____

Complainant _____ County _____

Address _____

City, State, Zip _____

Telephone _____

Entity _____

Location of violation _____

County _____

Alleged Problem _____

Violator Name

Phone

Address _____

Authorized Agent's Investigation

Complaint Verified:

Yes

No

(circle)

Local Permit Issued: Yes No Permit# _____

(circle)

Investigation Summary _____

Date & Method of Notification to entity:

Signature of Investigator

Date _____