

COMPLAINT NO. _____

DATE: _____

**ANGELINA & NECHES RIVER AUTHORITY
P.O. BOX 387 – 210 LUFKIN AVE. – LUFKIN, TX 75902 – (936) 633-7553**

SAM RAYBURN RESERVOIR - ON-SITE SEWAGE FACILITIES COMPLAINT FORM

Complaint Reported By (Name, Address & Telephone): _____

Received Via: Telephone _____ Correspondence _____ In Field _____ Office Visit _____ E-mail _____

Complaint: _____

Water Supply Company: _____ County: _____

Source of Complaint (Name, Address, & Telephone numbers of person(s) believed to be responsible for actions causing complaint): _____

Location of Complaint (county, directions) Draw map on back: _____

FOR OFFICE USE ONLY

Investigation Report (Date: _____ By: _____)

Action Taken (Date: _____ By: _____)

****DRAW MAP ON BACK****