

STORM WATER INSPECTION REQUEST

E-Mail your request to: STORMWATER@CITYOFCF.COM

or Fax completed forms to 330.971.8003

or Mail to: 2560 Bailey Road, Cuyahoga Falls, OH 44221

All information below must be filled out. (If applicable)

Date: _____ Inspection Address: _____

Disclaimer: Thank you for requesting a storm water inspection. If the home buyer is making a request, please be advised that the seller/homeowner must agree to participate and indicate so by signing the Homeowner Permission Form. This inspection is voluntary; therefore, the seller/homeowner may decline the inspection request.

Requestor Name: _____ Phone: _____

Buyer _____ Seller _____ Homeowner Request (not selling) _____

Whom shall we call to schedule inspection? _____ Phone _____

SELLER/HOMEOWNER INFORMATION

Seller/Homeowner Name: _____ Phone: _____

Seller Address (If different from above) _____ City/ St/ Zip: _____

Seller Rep (If applicable): _____ Phone No. _____

Company: _____ Address: _____

State/ Zip: _____

BUYER INFORMATION

Buyer Name: _____ Phone No. _____

Buyer Address: _____ City/ State/ Zip _____

Buyer Rep: _____ Phone No. _____

Company: _____ Address: _____

City/ State/ Zip: _____

E-Mail address to send results: _____

E-Mail address to send results: _____

FAX number to send results: _____

Questions? Please call the Water Office at 330.971.8130

Office Use Only

Appointment Date: _____ Appointment Time: _____