

UNAUTHORIZED ACTIVITY REPORT FORM

We thank you for providing the information on the activity which has raised your concern. The following information regarding yourself is optional. You may remain anonymous. However, if you do elect to furnish this information, it will become part of the public record.

Your Name:

Your Phone Number or Email

The Alleged Violator:

Alleged Violator's Name:

Alleged Violator's Phone # (if known):

Alleged Violator's Street Address:

Alleged Violator's City,

Alleged Violator's County:

Alleged Violator's State:

Alleged Violator's Zip Code:

Location of the Alleged Violation:

Street Address of Alleged Violation:

City of Alleged Violation:

County of Alleged Violation:

State of Alleged Violation:

Permit Number (if known):

Description of the Alleged Violation: Please use the box below to specify the nature of the alleged violation which you are reporting, including the affected waterbody.