

Public Comment Form

Name	
Full Address	
Email	
Phone	

Length of residency at current address?	_____ years
Do you own or rent?	Own Rent

If you have experienced flooding, please answer the questions below:
Where have you experienced flooding? Property and/or Street Flooding (circle)
When have you experienced flooding? (dates / month / year)
Approx. how many times per year?
Approximate depth and duration of flooding? (indicate inches and hours)
How does this flooding impact you?
Do you have additional comments about the city’s stormwater management program, capital improvement projects, water quality, outreach, participation, etc?