

# CALAVERAS PUBLIC UTILITY DISTRICT

P.O. Box 666, SAN ANDREAS, CALIFORNIA 754-9442

## COMPLAINT FORM

DATE \_\_\_\_\_

TIME \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

METER NO. \_\_\_\_\_

NATURE of COMPLAINT:

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INVESTIGATED BY: \_\_\_\_\_

INVESTIGATION REPORT:

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ACTION TAKEN:

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