

Drinking Water Complaint Form Health Protection

Your Contact Information		
Name:	Phone Number:	
Mailing Address:		
	City	Postal Code
Name of the Water System supplying your Drinking	Water (if applicable):	
Why do you believe there is a threat to the sometime (Please provide specific details and attach any rele		ter?
Have you noticed recently any taste, odour	and/or appearance chang	es (colour, cloudiness) to
your drinking water? (Please provide details.)		
Has anyone become ill as a result of drinkin (Please provide details.)	ng the tap water from your	home?
Name of Person requesting an investigation	n:	
	Return Comple	
(Please Print)	Fraser Health, Env #207–2776 Bourqu Abbotsford, BC V2	
Signature	Fax: 604-870-7901	

Revised: July 2011

Date Signed