

**BOROUGH OF SHILLINGTON**  
**ILLCIT DISCHARGE CITIZEN REPORTING FORM**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Date and Time of Discharge: \_\_\_\_\_

Location of Discharge: \_\_\_\_\_

\_\_\_\_\_

Was Water Flow Observed (Yes or No): \_\_\_\_\_

Was the Flow Clear or Cloudy (Yes or No): \_\_\_\_\_

What Color was the Flow: \_\_\_\_\_

Was there an Odor to the Flow (Yes or No): \_\_\_\_\_

Were Photos Taken (Yes or No, if yes, please provide): \_\_\_\_\_

Did the Flow have an Oily Sheen (Yes or No): \_\_\_\_\_

Did the Flow contain any Garbage (Floatables) (Yes or No, if yes, please describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any additional information as appropriate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_