

Date Submitted: __/__/__



Stormwater Management

Complaint Form

Lower Southampton Township
1500 Desire Ave
Feasterville, PA 19053

Name:

Address of Complaint:

Tax Parcel #: 21-

Phone Number:

Describe Stormwater flooding issues:

Three horizontal lines for describing stormwater flooding issues.

Where is the flooding problem located on your property? _____

Does water enter your home? _____

Date of Storm: __/__/__ (if applicable)

Severity of flooding problem (on a scale from 1-10, 10 being the most severe):

Horizontal line for severity of flooding problem.

Any insurance claims filed on property? _____

If yes, describe result:

Three horizontal lines for describing insurance claim results.

Please return form to Lower Southampton Township by mail or email to
administration@lstwp.org