



Town of Wallingford
Department of Engineering
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Robert V. Baltramaitis, P.E.
Town Engineer

SERVICE REQUEST/ REPORTING FORM

Map Request

Request Streetline Stakeout

Investigation Request

Report Illicit Stormwater Discharge

Submitted By: Name: _____
 Address: _____
 Tel. #: _____

Description* of Service Request/ Report:

Diagram (if applicable)

*if reporting a potential illicit stormwater discharge, please specify location, date and time of event(s).

(For Engineering Department Use Only)

Service Request Received By: _____ Date: _____

Work Order Number: _____ Assigned To: _____

Illicit SW Discharge: Y / N