

AKRON BOROUGH
Illicit Discharge Reporting Form

General Information

Today's Date: _____

Time (A.M. or P.M.): _____

Weather Conditions: _____

Address of spill or dumping: _____

Type of material spilled or dumped: _____

Date of spill dumping(mm/dd/year): _____

Time of spill or dumping, if known (A.M. or P.M.): _____

Estimated quantity of material spilled or dumped, if known: _____

Where were the materials spilled or dumped: _____

***Optional Information:**

Contact Name: _____

Phone number or email address: _____