



City of Rolling Hills

INCORPORATED JANUARY 24, 1957

NO. 2 PORTUGUESE BEND ROAD
ROLLING HILLS, CA 90274
(310) 377-1521
FAX (310) 377-7288

DISCHARGE REPORTING AND RESPONSE FORM

This form is meant to provide a means for public reporting of illicit discharges/dumping, clogged catch basin inlets, and general stormwater and non-stormwater concerns. Please fill in as much information as you can.

Name: _____
(optional)

Contact info (email or phone): _____
(optional)

Location of concern : _____
(address/intersection)

Date & time discovered: _____

Describe the spill / discharge appearance: _____
(color, odor, oily sheen)

Describe the source of the problem (check all that applies):

- Leaking septic tank
- Manure dumping
- Spill from a trash hauler
- Flow off of a construction site
- Clogged catch basin inlet
- Dumping or washing of materials into the street or catch basin, such as: litter, landscape debris, animal waste, food waste
- Other / unknown: _____

Describe source type (check all that applies):

- Residence
- Construction
- Landscaping
- Other: _____

Additional Information: _____

This form can be submitted in person to the City of Rolling Hills.