



Callaway County Sewer District

5517 Old US Highway 40 Kingdom City MO 65262

573-491-1118

callawaysewer.org ccrsewerdist@gmail.com



Complaint form

I (we) _____

Address _____

Phone # _____

Wish to register a sewage/wastewater complaint with the Callaway County Sewer District.

I (we) believe the source of the sewage/wastewater to be originating from the property located at _____.

Directions to the property: _____

The conditions causing this complaint are: (check the appropriate box or boxes)

Sewage/wastewater is draining onto my (our) property.

I (we) notice unpleasant odors from sewage/wastewater.

I (we) believe there may be a potential health risk.

Other-Please specify _____

I (we) give permission for the Callaway County Sewer District to enter complainant's property for the complaint investigation. ** Please note: Section 601 of Missouri State Law (Missouri Sunshine Law) requires that records of government agencies to be open to the public. Therefore, this complaint form is accessible to anyone who requests a copy in writing. A summary of the Missouri Sunshine Law is available for review at their website.

Signature _____ Phone # _____

Received by _____ Date: _____