

City of Eaton Rapids Water Pressure/Odor Concern Form

If you have a concern regarding low water pressure or unpleasant odor of your water, please fill out the information below and a member of the administrative staff will respond as soon as possible.

Name: _____

Address: _____

Area of Concern: _____

Signature: _____ Date: _____

Office Use Only:

Action taken: _____

Supervisor: _____ Date: _____