



TOWN OF SOMERSET

Water Department

3249 COUNTY STREET, SOMERSET, MASSACHUSETTS 02726

OFFICE (508) 679-2731

CUSTOMER WATER QUALITY COMPLAINT FORM

Completed forms can be faxed to 508-677-9691, emailed to WaterDeptFax@town.somerset.ma.us or dropped off to the Water Department at 3249 County Street, Somerset

Name: _____

Address: _____

Town: Somerset Dighton Swansea

Phone: _____

Email: _____

NATURE OF PROBLEM

(Please check all that apply)

COLOR	TASTE & ODOR	WATER FLOW
<input type="checkbox"/> RUST	<input type="checkbox"/> EARTHY	<input type="checkbox"/> LOW PRESSURE
<input type="checkbox"/> YELLOW	<input type="checkbox"/> MUSTY/STALE	
<input type="checkbox"/> BLACK	<input type="checkbox"/> FISHY	
<input type="checkbox"/> SOAPY	<input type="checkbox"/> CHEMICAL	
<input type="checkbox"/> MILKY/CLOUDY	<input type="checkbox"/> CHLORINOUS	
<input type="checkbox"/> PINK	<input type="checkbox"/> MEDICINAL	
<input type="checkbox"/> PARTICULATES	<input type="checkbox"/> BITTER/METALLIC	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	

Comments: _____

Signature: _____ Date: _____