

Flooding Event Data Form

Household Information (Please Print)			
Name	First:	Last:	Owner [] Renter []
Address			
Phone Number			
Email Address			

Please list the dates of the flooding events that impacted your home:	
DATE	Level of Flooding Feet and Description of Event

Additional Information

Was the street flooded during the event? Y [] N []

Do you have floor drains? Y [] N []

Do you have a sump pump? Y [] N []

Do you have a backwater valve? Y [] N [] If yes, when was it installed?

Do you have bathroom in your basement? Y [] N []

Do you have a laundry in your basement? Y [] N []

If necessary, would you allow a City or County representative to inspect the plumbing system in your home?
Y [] N []

If yes, please provide a contact number above.

Most convenient time to schedule the inspection: Morn [] Aft [] Eve []

May we send you email updates to keep you better informed about the situation? Y [] N []

Thank you for helping us develop the preliminary information needed to better support solutions.

Mail or Drop off to: DPW, 1200 Canal St. Extension, Syracuse, NY 13210

Or email to: SewerDepartment@SyrGov.net (use this email specifically for this survey and other general sewer questions. In a Sewer Emergency, contact City Line 448-CITY (448-2489).