

Fish Kill/Incident Notification

Date of Kill/Incident: _____

Date Reported: _____ Time Reported: _____

Name of Reporter: _____

Address: _____ Phone: _____

Organization Associated With: _____

Water(s) Involved: _____

Specific Location (bridge, highway/state road, landmark, park, etc.): _____

Suspected Reason For Fish Kill/incident (natural / pollution):

Location of Source: _____

Name of Alleged Polluter (if applicable): _____

Address: _____ Phone: _____

Species Involved: _____

Fish Affected? Yes No

Approximate Number: _____ Still Dying? Yes No Some → ~____%

Additional Comments: _____

Persons and Agencies Notified To Respond:

	<u>NAME</u>	<u>DATE/TIME</u>	<u>PHONE</u>	<u>REPORT SENT TO</u>
1.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Division of Enforcement Notified at (401) 222-3070 Yes No

Report Prepared By: _____ Further Action Needed? Yes No