



Iowa Department of Natural Resources
Certified Time of Transfer Inspection Complaint Form

Complainant Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Address of inspection (if different from above) _____

Certified Time of Transfer Inspector's Name _____

Address (if known) _____

Nature of Complaint

Attached additional sheets of information as needed

I certify that the above information provided is true and accurate to the best of my knowledge

Print Name _____

Signature _____ Date _____

Submit completed from to: npdes.mail@dnr.iowa.gov