

MAINTENANCE LOG

For Storm Water Structural or Treatment Control Best Management Practices (BMPs)
per the City’s Maintenance Agreement

Type of Treatment System _____

VISUAL INSPECTION DATE	MAINTENANCE OR SERVICE DATE	MAINTENANCE, SERVICE, OR REPAIRS PERFORMED BY (Name)	NOTE OBSERVATIONS OR REPAIRS MADE

***Please attach receipts for any maintenance, service, or repairs conducted by a hired company or contractor.**

Property Address _____

Property APN # _____

Owner Name _____

Owner Mailing Address _____

Owner Phone _____

Owner Email _____

Please provide an updated copy of this log and supporting receipts with your annual letter providing proof of inspection and maintenance. Thank you for maintaining the storm water BMPs on your property!