



**Request for Assistance  
Deerfield Township, Ohio**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please describe your problem:

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What type of storm water assistance are you requesting from the District?

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Has anyone else looked at the problem?  yes  no

If yes, who and what were their recommendations or suggestions; and what was the cost estimate for repair if provided. \_\_\_\_\_

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**Please mail this form to Deerfield Township, Attn. Deerfield Regional Storm Water District, 4900 Parkway Drive, Suite 150, Mason, OH 45040, or fax to: 513-701-6980. You may also bring the request to a District meeting (second Tuesday of each month, 7:00 p.m.). Please include photos of the problem if available.**

**Office Use Only: RFA Number** \_\_\_\_\_