

**Stormwater Treatment Measure Inspections, Operation and Maintenance,  
Standard Annual Report Form for Use in Reporting  
To the City of Alameda, California**

When completed this report form and any attachments document the inspections and maintenance conducted for the identified stormwater treatment measure(s) subject to the Maintenance Agreement between the City and the property owner during the annual reporting period indicated below.

**I. Property Information:**

Property Address or APN: \_\_\_\_\_

Property Owner: \_\_\_\_\_

**II. Contact Information:**

Name of person to contact regarding this report: \_\_\_\_\_

Phone number of contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Address to which correspondence regarding this report should be directed:

\_\_\_\_\_  
\_\_\_\_\_

**III. Reporting Period:**

This report documents the inspections and maintenance of the identified treatment measures during the time period from \_\_\_\_\_ to \_\_\_\_\_ 20\_\_.

**IV. Stormwater Treatment Measure Information:**

The following stormwater treatment measures (identified treatment measures) are located on the property identified above and are subject to the Maintenance Agreement:

Identifying Number of Treatment Measure	Type of Treatment Measure	Location of Treatment Measure on the Property



**VII. Inspector Information:**

The documented inspections were conducted by the following inspector(s):

Inspector Name and Title	Inspector's Employer and Address

**VIII. Certification:**

I hereby certify, under penalty of perjury, that the information presented in this report and attachments is true and complete:

\_\_\_\_\_  
Signature of Property Owner or Other Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Attachments to the  
Stormwater Treatment Measure Inspections,  
Operation and Maintenance,  
Standard Annual Report Form:**