



**TOWNSHIP OF MAPLE SHADE**

200 Stiles Avenue  
Maple Shade, NJ 08052  
(856) 779-9610



**MANUFACTURED TREATMENT DEVICE REPORT FORM**

(Complete One Form Per Individual Manufactured Treatment Device)

Property owners, homeowners associations, business owners, and residents responsible for maintenance of a detention basin must submit the following form annually by December 31<sup>st</sup> to the Department of Public Works.

Questions? Contact Patrick Lyons at 856-779-9610 ext. 221

Please carefully complete the form, attach any necessary photos/files, and submit it to:  
*Patrick Lyons, Director of Public Works, 200 Stiles Avenue, Maple Shade, NJ 08052*  
or via email to [plyons@mapleshade.com](mailto:plyons@mapleshade.com)

**DEVICE LOCATION**

Device Block: \_\_\_\_\_ Device Lot: \_\_\_\_\_

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

**OWNER INFORMATION**

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Block: \_\_\_\_\_ Owner's Lot: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Check this box if Responsible Party Information is the SAME as Owner Information Above

**RESPONSIBLE MAINTENANCE PARTY INFORMATION:**

Responsible Entity's Name: \_\_\_\_\_

*\*Name of Developer, HOA, Property Management Company, or Property Owner responsible to maintain this stormwater facility.*

Contact Person's Name: \_\_\_\_\_

Contact Person's Address: \_\_\_\_\_

Contact Person's Phone #: \_\_\_\_\_

Contact Person's Email Address: \_\_\_\_\_

Form Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_