

<u><i>Damages Report Form</i></u>		
Name of Person filing Report:	Signature	
Address of Damages:	Council Asset _____ Resident Property Damage _____ Other Please Specify : _____	
Time of Incident:	Date of Incident:	
Residents Affected:		
Name:	Phone:	
Name:	Phone:	
Name:	Phone:	
Comments		
Who was contacted regarding incident:		
Name:	Phone:	
Description of Damages:		
Images of damages		
Repair given to:	Date of repair:	
Inspected by:	Signed:	