

City of Hartland Incident/Damage Report Form

This report should be completed as soon as possible after damage is discovered to property (however minor). Upon completion, this form should be forwarded to the City of Hartland.

COMPLAINANT TO COMPLETE (PLEASE PRINT)

Name: _____ Address: _____

Date and Time damage occurred: _____ / _____ /200_____ at _____ a.m/p.m.

Describe the weather/conditions at the time the damage occurred: _____

Description of Damage: _____

Was any person injured? Yes No

If so, please describe injuries and follow up action (ie. first aid applied, ambulance called) _____

Details of Witnesses:

Name	Address	Phone No.

Signature: _____ Date: _____ / _____ /200_____

CITY PERSONNEL TO COMPLETE (PLEASE PRINT)

Name: _____

Position Title: _____

Date Report Received: ____ / ____ /200__

If required was Gopher One called: _____ Tag # _____

Comments: _____

Advise Insurer immediately if it seems likely a claim will be made.

Signature: _____ Date: ____ / ____ /200__

CITY COUNCIL ACTION (PLEASE PRINT)

Date Report Received: ____ / ____ /200__

Comments/Action: _____

Signature: _____ Date: ____ / ____ /200__