INCIDENT REPORT FORM

Sanitation District No. 1

Date of Incident ___________________________ Time ___________________________
Location Address __________________________________________________________

Name of Property Owner ____________________________________________________
Mailing Address __________________________________________________________
City ___________________________ State _________ Zip _________________
Daytime Phone ___________________________ Evening Phone _____________________

Description of Incident:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Description of Damage:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Property Owner’s Signature: ___________________________ Date ________________

FRAUD WARNING: In accordance with KRS 304.47-030(2), “Any person who knowingly and with
intent to defraud any insurance company or other person files a statement of claim containing any
materially false information or conceals, for purpose of misleading, information concerning any fact
material thereto commits a fraudulent insurance act, which is a crime.”

You may Mail this form to:
Sanitation District No. 1
Attn: Jenna Prather
1045 Eaton Drive
Ft. Wright, KY 41017

Or you may eMail this report to:
jprather@sd1.org

Or you may Fax this report to:
fax: 859 331-2436

If you have any questions regarding this report, please contact:
Jenna Prather, 859 578-6770