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

FILE NAME: SD1 IncidentReportForm1r4
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