



# CITY OF SUMNER

## NOTICE OF CONDITION OR CONCERN

**FORWARD TO:**

Public Works-Engineering	Public Works-Water	Planning/Community Development
Public Works-Streets	Parks/Maintenance	Administration/Legal
Public Works-Sanitary Sewer	Fire	Nuisance Abatement
Public Works-Storm Sewer	Police	Other

**COPIES TO:**  Department Involved  Administration/Legal

Date of Occurrence (if applicable): \_\_\_\_\_

Time of Occurrence (if applicable): \_\_\_\_\_

Date & Time Report Received: \_\_\_\_\_

Report Received By: \_\_\_\_\_

Name of Person Reporting: \_\_\_\_\_

Address of Person Reporting: \_\_\_\_\_

Phone Number of Person Reporting: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

If City Employee, Department Reporting: \_\_\_\_\_

**SPECIFIC LOCATION OF OCCURRENCE:** \_\_\_\_\_

Name(s) of Person(s) Involved (if applicable):	Address	Phone Number

**Describe the Condition/Problem in Detail (attach supplemental documentation if appropriate)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Action Taken (to be completed by responding City department)**

**What corrective measures were taken or assistance given? If none, explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLETED BY:** \_\_\_\_\_ **DEPT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_