

Village Of South Blooming Grove

P.O. Box 295
Blooming Grove, New York 10914

INCIDENT FORM

File number	DATE/DAY OF ORIGINAL REPORT	TIME	PLACE OF OCCURRENCE	
REPORT TAKEN BY:				

DETAILS: (COMPLETE AND INCLUDE DESCRIPTION)

REPORTED BY (Last Name / First):

REPORTER'S HOME ADDRESS:

REPORTER'S E-MAIL / PHONE #

TYPE OF REQUEST: (CHECK ONLY ONES THAT APPLY)

A) ROAD PATCHING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	B) TREE WORK	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C) SWALE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	D) DRAINAGE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E) SIGNAGE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	F) BRUSH	YES <input type="checkbox"/>	NO <input type="checkbox"/>
G) ROAD SHOULDERS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	H) UNPERMITTED CONSTRUCTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I) BRIDGES	YES <input type="checkbox"/>	NO <input type="checkbox"/>	J) STREET LIGHT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
K) SIDEWALK	YES <input type="checkbox"/>	NO <input type="checkbox"/>	L) WATER METER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
M) GREEN AREA	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N) SEWER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
O) WATER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	P) DAM	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Q) LAKE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	R) FLOODING	YES <input type="checkbox"/>	NO <input type="checkbox"/>

OTHER ISSUE:

NOTIFICATIONS

DEPT.	EMPL. NAME	NOTIFIED	DEPT.	EMPLY. NAME	NOTIFIED
TOWN POLICE:		Y <input type="checkbox"/> N <input type="checkbox"/>	WATER DEPT:		Y <input type="checkbox"/> N <input type="checkbox"/>
AMBULANCE:		Y <input type="checkbox"/> N <input type="checkbox"/>	SEWER DEPT:		Y <input type="checkbox"/> N <input type="checkbox"/>
FIRE DEPT.:		Y <input type="checkbox"/> N <input type="checkbox"/>	BLDG DEPT:		Y <input type="checkbox"/> N <input type="checkbox"/>
PARKS DEPT:		Y <input type="checkbox"/> N <input type="checkbox"/>	COUNTY DOT:		Y <input type="checkbox"/> N <input type="checkbox"/>
D.P.W.:		Y <input type="checkbox"/> N <input type="checkbox"/>	STATE DOT:		Y <input type="checkbox"/> N <input type="checkbox"/>
TRUSTEE:		Y <input type="checkbox"/> N <input type="checkbox"/>	MAYOR:		Y <input type="checkbox"/> N <input type="checkbox"/>

OTHER DEPT NOTIFIED:

AGENCY NAME:

OTHER DEPT PHONE NUMBER:

NAME:

COORECTIVE ACTION TAKEN:

PERSON ASSIGNED TO TAKE CORRECTIVE ACTIONS
(LAST NAME, FIRST)

DEPT:

PHONE NUMBER:

DATE OF THIS REPORT

SIGNATURE OF OFFICIAL TAKING THIS REPORT

TITLE

ANY ADDITIONAL NAMES, INFORMATION, OR INCIDENT SHALL BE REPORTED ON AN ADDITIONAL SHEET (VSBG-01/07)