

Township of Summit

Complaint Intake Form

Citizen: _____

Citizen address: _____ Zip Code _____

Phone Number _____ - _____

Address of Damaged Location (if different than above): _____

_____ Zip Code _____

Name of Property owner/ mailing address (if different than above): _____

_____ Zip Code _____

Date damage occurred/discovered: month _____ day _____ year _____

Date call was received: month _____ day _____ year _____

Damage to building: Y _____ N _____ Personal property damage Y _____ N _____

Any injuries/health concerns related to incident: Y _____ N _____

Describe: _____

Person (title/department) receiving the call: _____

Date:

_____ Forward to Township of Summit Contact Person (name) _____

_____ Forwarded to DPW (name) _____

_____ Forwarded to other: (describe) _____

_____ Notice of claim information sent to claimant _____

_____ Advised claimant to, file Notice of Event form within 45 days.

White – Office

Yellow – DPW

Pink - Complainant