

# TOWN ROAD DEFICIENCY REPORT

Noted at what location: \_\_\_\_\_

Pertains to:

- |   |   |
|---|---|
| <input type="checkbox"/> Pavement Condition Road    | <input type="checkbox"/> Culvert Condition Road |
| <input type="checkbox"/> Surface Condition Drainage | <input type="checkbox"/> Signs                  |
| <input type="checkbox"/> Condition                  | <input type="checkbox"/> Operational Hazard     |
| <input type="checkbox"/> Other: _____               |   |

I consider the priority:       Routine                       Urgent

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please leave your name so we may contact you  
if additional information is needed.  
Thank you.

(Unsigned reports will be disregarded.)

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Date

Log NO: _____	Action Taken: _____
By: _____	Date: _____
	_____
	_____
	_____