

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: _____

