



## Pot Hole Report/ Claim

Date reported: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Location of Pot Hole: \_\_\_\_\_

Date Pot Hole Identified: \_\_\_\_\_

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## Department of Public Works

Inspected by: \_\_\_\_\_

Date: \_\_\_\_\_

Action taken: \_\_\_\_\_

Date: \_\_\_\_\_