



TOWN OF EMMITSBURG INCIDENT REPORT

DATE: _____

INCIDENT ADDRESS: _____

Emmitsburg, MD

TYPE OF INCIDENT/COMPLAINT: water/sewer streets parks zoning other

INCIDENT OR COMPLAINT REPORTED BY: _____

STREET ADDRESS: _____

CELL PHONE: (_____) _____-_____

HOME PHONE: (_____) _____-_____ E-MAIL: _____

DESCRIPTION OF INCIDENT/PROBLEM:

You will be notified upon receipt of this form and updated on action taken.

RECEIVED BY: _____ DATE: _____ REFERRED TO: _____

Please give a copy of original report to Zoning Technician for file, as well as completed report on follow-up