



INCIDENT REPORT FORM

Sanitation District No. 1

Date of Incident _____ Time _____

Location Address _____

Name of Property Owner _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Description of Incident:

Description of Damage:

Property Owner's Signature: _____ Date _____

FRAUD WARNING: In accordance with **KRS 304.47-030(2)**, "Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

<p><u>You may Mail this form to:</u> Sanitation District No. 1 Attn: Jenna Prather 1045 Eaton Drive Ft. Wright, KY 41017</p>	<p><u>Or you may eMail this report to:</u> jprather@sd1.org</p> <p><u>Or you may Fax this report to:</u> fax: 859 331-2436</p>
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If you have any questions regarding this report, please contact:
Jenna Prather, 859 578-6770