

TOWN CLERK OFFICE USE ONLY

NAME:

ADDRESS:

PHONE:

1
REQUEST FOR SERVICES
INVESTIGATION REPORT FORM

DATE:

STREET NUMBER & NAME:

MILEPOST MARKER IF HIGHWAY: _____

IDENTIFICATION OF PROBLEM:

PROPOSED CORRECTION RECOMMENDATION:

PROPOSED COUNTER MEASURERS AND RECOMMENDATION:

INVESTIGATOR:

RESULTS OF INVESTIGATION:

PLEASE FORWARD ALL INVESTIGATION REPORT FORMS TO
SHARON M. KNIGHT MMC/RMC, AVON TOWN CLERK
23 Genesee Street, Avon, New York 14414
toaclerk@fronternet.net