

AVON TOWN CLERK'S OFFICE  
INVESTIGATION REPORT FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

IDENTIFICATION OF PROBLEM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATION - MILEPOST MARKER OF HIGHWAY OR STREET  
NUMBER & STREET NAME: \_\_\_\_\_

PROPOSED CORRECTION 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 OR  
SKNIGHT@AVON-NY.ORG

cc: Town Board