City of Medina Sanitation Department

Rubbish Can Incident Report

Account Name: _____

Address: _____

Phone Number: _____

Email: _____

Date and Time of Incident: _____

Size, Type and Age of Can Damaged: _____

_____

Describe the Damage to the Can:_____

_____

_____

Did You Witness the Incident? _____

Owner Signature: _____

Date: _____

Copy to Resident

Copy to Office

Copy to Superintendent