

**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