



## NOTICE OF DEFECT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

### DESCRIPTION AND LOCATION OF CONCERN

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### **FOR OFFICE USE ONLY:**

DATE RECEIVED BY VILLAGE OFFICE \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

FORWARDED TO (DEPARTMENT): \_\_\_\_\_

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

COMMENTS \_\_\_\_\_

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