



GENERAL LIABILITY INCIDENT REPORT

FAX OR EMAIL AS SOON AS POSSIBLE WITH
ANY SUPPORTING DOCUMENTATION TO:

Stephanie Tigner, Interim City Clerk
Fax: 770.969.3484

Email: stigner@fairburn.com

FROM: _____

LOCATION OF LOSS: _____

DATE OF LOSS: _____ TIME OF LOSS: _____ AM/PM DATE REPORTED: _____

CAUSE OF LOSS/DAMAGE: _____

HAVE REPAIRS BEEN STARTED? YES NO

BY WHOM: _____

TELEPHONE NUMBER: _____

ON-SITE CONTACT PERSON: _____

TELEPHONE NUMBER: _____

IF BUSINESS INTERRUPTION: HOURS CLOSED: FROM _____ TO _____, WHY CLOSED? _____

ESTIMATED SALES LOSS: \$ _____ OR ESTIMATED PROPERTY DAMAGE OR LOSS? \$ _____

IF CUSTOMER IS RESPONSIBLE:

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

IF DAMAGE IS DONE BY CUSTOMER AUTOMOBILE: YEAR AND MAKE OF CAR: _____

TAG # _____ STATE _____ DRIVER'S LICENSE # _____

SPECIAL HANDLING INSTRUCTIONS:

