

ORANGE TOWNSHIP TRUSTEES

INSURANCE CLAIM: YES _____ NO _____

WORK ORDER () or COMPLAINT ()

COMPLAINT SOURCE _____ DATE _____ TIME _____

ADDRESS _____ PHONE _____

RECEIVED BY _____

LOCATION

TOWNSHIP ROAD _____ (at intersection with) _____

Mi. _____ N _____ S _____ E _____ W _____ of _____

NATURE OF PROBLEM

- WEEDS
- RUBBISH
- SIGNAGE
- DEAD ANIMAL (In Road Right-of-Way)
- LOW BERM (rutted road)
- MAILBOX
- SNOW / ICE
- OBSTACLE IN ROAD- _____
Indicate which (Tree, Pole, Dirt, Rock, Wires, High water)
- PAVEMENT- _____
Indicate which (Potholes, Sinkhole, Lines worn, Slick)
- OTHER _____

- GUARDRAIL DAMAGE / NEEDED
- TREE TRIM / REMOVAL
- HERBICIDAL OVERSPRAY
- DRAINAGE
- EROSION
- CATCH BASIN / MANHOLE
- BRIDGE
- HIGHWAY LIGHTING
- RR CROSSING
- DELINEATORS

COMMENTS OR OTHER _____

REFERRED TO _____ REFERRED TO _____ REFERRED TO _____

INVESTIGATED BY _____ DATE _____ TIME _____

DISPOSITION OR CORRECTIVE WORK _____

CORRECTIVE WORK COMPLETED: DATE _____ TIME _____

SUPERVISOR IN CHARGE: _____