

# Case Background Information



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1) City, State: \_\_\_\_\_

2) Full Address: \_\_\_\_\_

3) Type of Establishment; Residence or Commercial: \_\_\_\_\_

4) Contact Info; Name, e-mail, and phone number: \_\_\_\_\_

\_\_\_\_\_

5) Type of Request; Is this for you, or someone you know: \_\_\_\_\_

6) Relationship; Are you the owner, resident, or patron: \_\_\_\_\_

7) Claimed Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) Duration of Claims; When did it start: \_\_\_\_\_

9) Frequency of Claims; How often: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: