

Case Background Information



1) City and 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: