INCIDENT REPORT-PUBLIC

Mail to: Park City Recorder, P.O. Box 1480, Park City, Utah 84060-1480 **Deliver to:** Park City Recorder, 445 Marsac Avenue, Park City, Utah

(435) 615-5007 / Fax (435) 615-4901



(Note: Filing this incident report does <u>not</u> satisfy the Notice of Claim requirements under the Governmental Immunity Act of Utah.)

Name of Person Preparing Report	•			
(Print Name)				
Address				
Mailing Address (if different):				
Phone: (home/cell)()	(work) <u>(</u>) -	(fax) <u>(</u>	
Email				
Date and Time of Incident:	Exact L	ocation of Incident: _		
	INCIDENT D			
Did a law enforcement agency investi	gate? If yes, list agency	у		
Was a Park City employee involved? Please attach photos.				
Have you filed, or will a claim be file name and address	· -		on or company? If yes, list	agency
	WIT	NESS		
Witness Name			Phone	
			Phone	
Please attach witness statements.	_			
Signature:		Date:	, 201	
State of)			
State of) ss.)			
and that the same is true to his/her be			e has read the foregoing Incident Re	port
Subscribed and sw	orn to before me this d	ay of	, 201	

Notary Public