Blasting Damage Complaint Form

OFM-FRM-105

(Please type or print clearly)

This form shall be completed prior to any action being taken. The form shall be completed by the property owner or authorized legal property representative (Claimant).

1. SUBJECT PROPERTY/LOCATION
Address: ___________________________________________ Tax Map/Lot Number: ____________
Date of Report: ______________ Date of Incident: ______________ Time of Incident: ______

2. PROPERTY OWNER
Name: __________________________________________
Street Address: ___________________________ City: __________________ State: _____ Zip: ______
Daytime Telephone: ( )______________ Cell Number: ( )______________

3. CLAIMANT/AUTHORIZED LEGAL PROPERTY REPRESENTATIVE
Name: (if different) __________________________________________
Relationship to Property Owner: __________________________________________
Street Address: ___________________________ City: __________________ State: _____ Zip: ______
Daytime Telephone: ( )__________________________ Cell Number: ( )________________________

4. DESCRIPTION OF DAMAGE
Type of Damaged: Single Family Residence ☐ Multi Family Residence ☐ Industrial Structure ☐ Commercial Structure ☐ Outbuilding < 100 Sqft ☐ Outbuilding > 100 Sqft ☐ Other Building/Structure ☐ Flyrock Damage ☐ Other Property Damage ☐ (explain damage(s) below)

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5. WITNESS SECTION (if any)

The names and addresses of any witnesses, if known:

Name: ____________________________________________________________

Street Address: ____________________________________________________

City: ___________________________ State: ___________________________ Zip: _____________

Daytime Telephone: (  )_________________________ Cell Number: (  )_____________________

Name: ____________________________________________________________

Street Address: ____________________________________________________

City: ___________________________ State: ___________________________ Zip: _____________

Daytime Telephone: (  )_________________________ Cell Number: (  )_____________________

6. CERTIFICATION OF DAMAGE

I declare under penalty of perjury that to the best of my knowledge and belief the statements made and information given herein is true as of the date of this document. I am aware that there are significant penalties for submitting false information including possible fines, civil penalties and imprisonment,

Name of Person Completing Report: ____________________________________________

Signature: ___________________________ Date: ___________________________

7. ADDITIONAL COMMENTS (Print Name)

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