

Woodridge Condominium Association, Inc.

Incident Report

UNIT BEING REPORTED
Date: _____ Time: _____ Unit No. _____
Owner / Renter: _____
Location of Occurrence: _____
Were Police Called? Yes / No Time: _____ Date: _____
Nature of Complaint: _____

Anyone Arrested? Yes / No Property Damaged? Yes / No If yes, describe damage: _____

Witnesses (Name / Address / Phone) _____

Photographs taken? Yes / No Taken By: _____ Attached / Not Attached
Person making report: _____ Unit: _____
Signature: _____ Phone: _____
Comments / Action Taken: _____

