

REPORTING SHEET

Date:

Time:

YOUR CONTACT DETAILS

Name:


Phone No:

FAULT DETAILS

Road Name:

Nearest Feature:



Location from Nearest Feature:

  **PAVEMENT DEFECTS**

Potholes

Edge Break

Detritus Material on Carriageway

  **GUARDRAILS & SIGHTRAILS**

Guardrail damage

Terminal Damage



Sightrail Damage

  **ROAD SIGNS**

Damage

Cleaning/vegetation

Positioning

  **EDGE MARKER POSTS**

Damage

Cleaning/vegetation

Positioning

  **VEGETATION**

Concealing Structures

Intersection Sight Lines

Send to:
**Nowhere City Council,
Freepost 9876, PO Box 4321,
Nowheresville.
Attn: Joe Bloggs**

FOR OFFICE USE

Date Received:

ID Number: