



# TOWN OF ABINGDON COMMUNITY DEVELOPMENT

## Town Trash Can Repair/ Replacement Form

<b>Location of Property</b>	<u>Street Address, City, State, Zip Code:</u>	
	<u>Name of Property Owner:</u>	<u>Parcel Number:</u>
	<u>Phone Number:</u>	<u>Email Address:</u>
<b>Description of The Damage</b>	1)	<u>Please Indicate the repairs needed:</u> <input type="checkbox"/> Lid Replacement <input type="checkbox"/> Wheel Replacement <input type="checkbox"/> Full Can Replacement <input type="checkbox"/> Other
	2)	<u>Description of the Damage:</u>
	3)	<u>If available please provide a photo of the damage.</u>
<b>Town Use Only</b>	<u>Supervisor Signature:</u>	



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	<b>Decision of Repair:</b> <input type="checkbox"/> Approved for Repair <input type="checkbox"/> Approved for Replacement <input type="checkbox"/> Denied	<b>Reason for Denial:</b>	<b>Date:</b>
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