



Town of Smoky Lake
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Incident Report	
Date :	Incident Submitted By:
Town Address:	Telephone: (780)
Place of Incident:	
Description of Incident:	
Signature:	

For Office Use Only			
Incident Report #:	Date / Time:		
Taken By:	Submitted In Person	<input type="checkbox"/>	Call in
Forward to:			
Comments:			
Date Corrective Action Completed:		By Whom:	