



CITY OF WILLIAMSPORT

CORRECTIVE ACTION REPORT

LANDLORD NAME: _____

DATE OF INCIDENT: _____

ADDRESS OF OCCURRENCE: _____

TYPE OF INCIDENT:

IS THE INCIDENT RESOLVED _____ YES _____ NO

STEPS TAKEN TO RESOLVE THE INCIDENT:

LANDLORD SIGNATURE: _____

DATE: _____

Must be filed within twenty (20) days of receiving notice of Disruptive Conduct Report

CITY HALL ~ 245 WEST FOURTH STREET ~ WILLIAMSPORT, PA 17701

PHONE (570) 327-7517 ~ FAX (570) 327-7572
