

Malfunction Information

Problem first observed:_____ **Previous repairs:** ☐Yes ☐No

Nature of Problem: ☐ Breakout ☐ Backup ☐ Slow draining ☐ Clogged disposal field

☐ Odour ☐ Broken pipe ☐ Other, please provide details: _____

Frequency of Problem: ☐Continuous ☐Occasional ☐After heavy rain ☐Cold temperatures

☐ Other, describe: _____

Please provide comments/details including potential cause and action taken:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature

Date