



# TOWN OF SMITHTOWN

OFFICE OF THE TOWN CLERK

99 West Main Street

Smithtown, NY 11787

(631)360-7620

## **REQUEST FOR REPAIR** **WRITTEN NOTICE OF DEFECT**

PLEASE TYPE OR PRINT CLEARLY

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **DESCRIPTION OF PRECISE LOCATION AND NATURE OF CONDITION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail or deliver the completed form to the Town Clerk's Office or  
e-mail to: [Townclerk@smithtownny.gov](mailto:Townclerk@smithtownny.gov) or Fax to 631-360-7692**

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### **OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Defect Number Assigned: \_\_\_\_\_

Dept Referred To: (check all that apply)

DEW: \_\_\_\_\_ Highway: \_\_\_\_\_ Engineering: \_\_\_\_\_

Other \_\_\_\_\_