# 400-097 Moisture Instrusion

| ROUTING | LAGUNA WOODS VILLAGE SECURITY DIVISION | CASE# | | |
|---|---|---|---|---|

**MOISTURE INSTRUSION**

400-022 (REV. 12/6/2017 rs)

0 PHOTOS

| CASE# | | PAGE 1 Of 2 |
|---|---|---|
| INCIDENT REPORTED | | |

| DATE | WEEKDAY WED | TIME ☐ AM ☐ PM |
|---|---|---|

S CODE # _____

### PARTY 1

| LAST NAME | FIRST NAME | M.I. | D.O.B | SEX | ID# / PASS# | W/C# |
|---|---|---|---|---|---|---|
| ADDRESS / BLDG-APT # | CITY | | STATE | ZIP | PHONE # | |
| INVOLVEMENT: Choose an item. | IDENTITY: Choose an item. | | | | | |

RESIDENT HOME? ☐ YES ☐ NO ☐ VACANT   WAS SK#_____USED? ☐ YES ☐ NO

SOURCE OF LEAK : ☐ WATER HEATER ☐ DRAIN LINE ☐ WATER LINE ☐ SLAB/WALL/CEILING ☐ OTHER : _____

AREA(S) AFFECTED BY THE LEAK:
(MARK ALL THAT APPLY)   #BATHROOM:__ #BEDROOM: ___ KITCHEN : ☐ LIVING ROOM : ☐ HALLWAY : ☐
BREEZEWAY : ☐ PARKING : ☐ CARPORT STOREAGE : ☐

### PARTY 2

| LAST NAME | FIRST NAME | M.I. | D.O.B | SEX | ID# / PASS# | W/C# |
|---|---|---|---|---|---|---|
| ADDRESS / BLDG-APT # | CITY | | STATE | ZIP | PHONE # | |
| INVOLVEMENT: Choose an item. | IDENTITY: Choose an item. | | | | | |

RESIDENT HOME? ☐ YES ☐ NO ☐ VACANT   WAS SK#_____USED? ☐ YES ☐ NO

SOURCE OF LEAK : ☐ WATER HEATER ☐ DRAIN LINE ☐ WATER LINE ☐ SLAB/WALL/CEILING ☐ OTHER : _____

AREA(S) AFFECTED BY THE LEAK:
(MARK ALL THAT APPLY)   #BATHROOM:__ #BEDROOM: ___ KITCHEN : ☐ LIVING ROOM : ☐ HALLWAY : ☐
BREEZEWAY : ☐ PARKING : ☐ CARPORT STOREAGE : ☐

ARRIVAL TIME : ☐ AM ☐ PM   DEPARTURE TIME: ☐ AM ☐ PM

IF KNOWN, REASON FOR THE LEAK:

| Choose an item. WAS NOTIFIED | Time : ☐ AM ☐ PM | ETA : _____MIN |
|---|---|---|
| Choose an item. WAS NOTIFIED | Time : ☐ AM ☐ PM | ETA : _____MIN |
| Choose an item. WAS NOTIFIED | Time : ☐ AM ☐ PM | ETA : _____MIN |

# 400-097 Moisture Instrusion

| CASE # |
|---|

| STATEMENTS: |
|---|
| ADDITIONAL INFORMATION: |

| "SPELL CHECK" | | | |
|---|---|---|---|
| OCSD # | OCFA # | OTHER AGENCY # | SECURITY SERVICE REQUEST # () |

| REPORTING OFFICER: | | SUPERVISOR: | |
|---|---|---|---|
| X                PRINT | | X                PRINT | |

| EMPLOYEE #: | DATE: | TIME #: | ☒AM ☒PM | EMPLOYEE #: | DATE: | TIME #: | ☒AM ☒PM |
|---|---|---|---|---|---|---|---|

| APPROVED BY |
|---|
| X                DATE: |