

SUGGESTIONS FOR IMPROVEMENT STATUS

Municipality or Authority _____ Date _____

This status report applies to the Loss Control survey **conducted** on _____.

Please use this form to update the status of outstanding Suggestions for Improvement and submit by return mail, fax or e-mail within 60 days after receipt of report.

J. A. MONTGOMERY RISK CONTROL

Attention: Melissa Meccariello

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1. SUGGESTION(S) COMPLETED: (Indicate by Number/Date)

SFI Number	Comments

2. OUTSTANDING SUGGESTION(S): (Indicate by Number and Date of Estimated Completion)

SFI Number	Comments

3. SUGGESTIONS FOR IMPROVEMENT THAT NEED FURTHER CLARIFICATION OR DISCUSSION:

SFI Number	Comments

4. SUGGESTION(S) THAT IS/ARE A BUDGET ITEM:

SFI Number	Comments

Signature _____ Title _____