



## City of Reading Illegal Scavenging Report Form

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Incident: \_\_\_\_\_  
\_\_\_\_\_

Description of vehicle: \_\_\_\_\_

License plate number: \_\_\_\_\_

Description of person(s) scavenging: \_\_\_\_\_  
\_\_\_\_\_

What items/materials were being scavenged: \_\_\_\_\_  
\_\_\_\_\_

Your name and phone number (optional): \_\_\_\_\_