

SUGGESTIONS FOR IMPROVEMENT STATUS

Municipality _____ **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 (formerly Conner Strong Risk Control)

Attention: Karen La Sala
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1. **SUGGESTION(S) COMPLETED:**
(Indicate by Number/Date)

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

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

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

Signature _____ **Title** _____