ILLEGAL ENCROACHMENT REPORTING (ULB)

District Name ..... Zone Name .....

Name of the Duty Officer* ..... Designation *..... Date of Inspection *.....

Sl No.	Establishment / Shop Details					Encroach-ment / extension in feet	Type of encroachment (✓)		Action (put ✓ mark)			Total fine collected (Rs)
	Ward* No	Holding* No	Shop* No	Establishment / Shop Name	Establishment / Shop Owner Name		Shop extension	Parking by the staff	Items seized	fined imposed	left with warning	

Signature of Duty Officer

ILLEGAL VENDING (Static) REPORTING (ULB)

Sr No.	Vendor Name	Nature of vending	Vending near / infront :* Establishment / Shop / Road Name	Action (put ✓ mark)				Penalty Amount (Rs)
				evicted	seized	fined	warning	

Signature of Duty Officer