

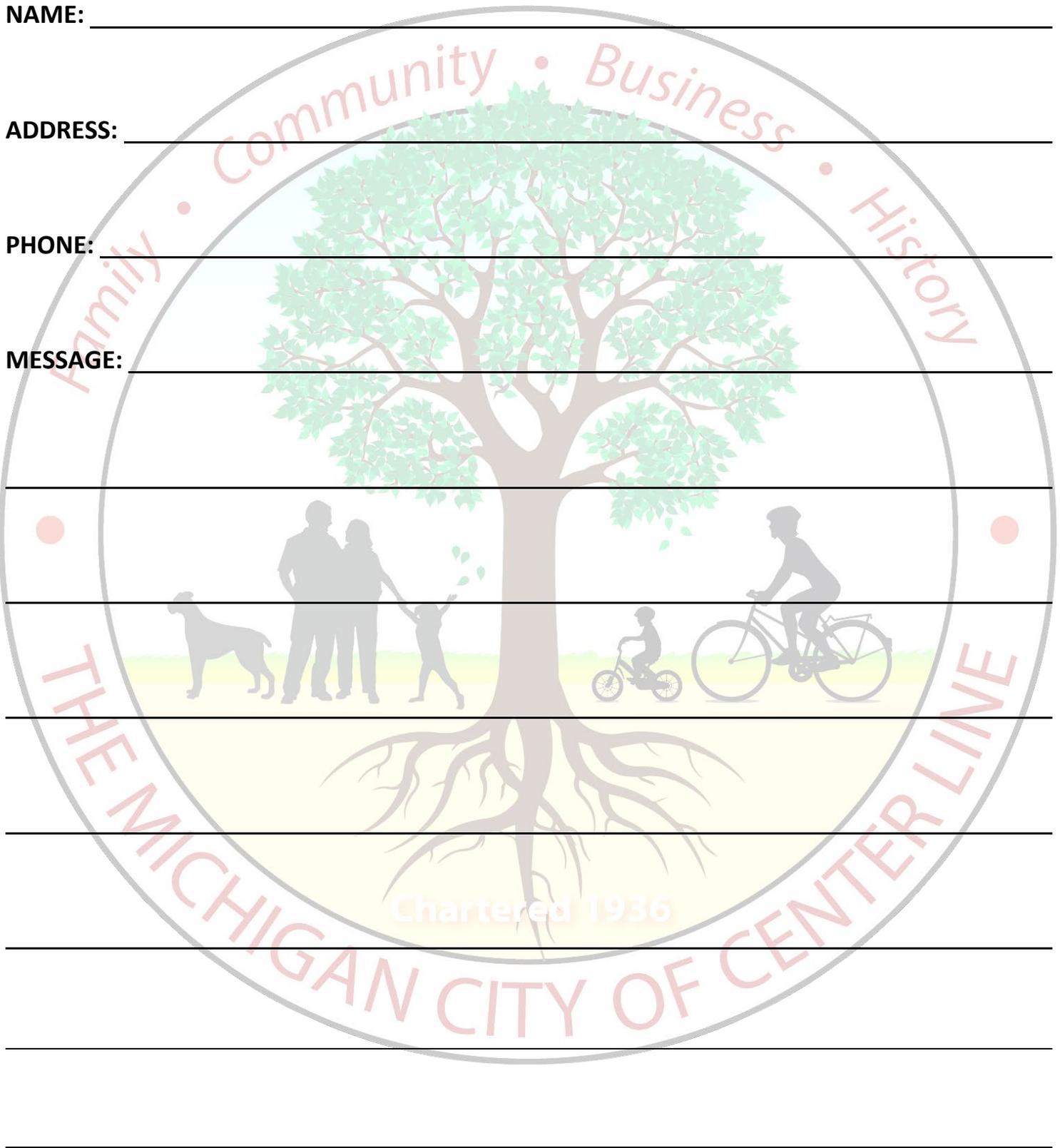
# BLIGHT REPORT FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

MESSAGE: \_\_\_\_\_



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