



**Disturbance Report**  
**ENF 2211 Form**

Rev. 07/21

Date Incident Occurred: \_\_\_\_\_ Time Incident Occurred: \_\_\_\_\_

Location of Incident:

License Number: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Reporting Party:

Name of Person Completing Form: \_\_\_\_\_

Relationship to Licensee: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Designated Respondent: *(This is a person designated by the license holder to answer questions from Liquor Dept. regarding the incident, if different from the reporting party.)*

Name of Designated Respondent: \_\_\_\_\_

Relationship to Licensee: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Incident Information:

Names of all law enforcement agencies who were called or otherwise appeared in connection to the incident and names of officers involved (if known):

Names and contact information of witnesses to the incident (if known):

Description of the incident:

I attest, to the best of my knowledge, that the above information is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_  
Date/Time

***KDLC Use Only:*** Date/Time Received: \_\_\_\_\_ / \_\_\_\_\_ Received By: \_\_\_\_\_

You can fax or email the completed document to 808-241-6585 or liquor@kauai.gov