

PROPERTY CLAIM FORM

DISTRICT INFORMATION

Name _____

Address: _____

City, ST, Zip: _____

Date of Loss: _____

CONTACT INFORMATION

Name _____

Title: _____

Phone: _____

Time of Loss _____ a.m. p.m.

LOSS LOCATION

Site Name: _____ Site Contact: _____

Site Address: _____

Phone: _____

Type of Loss: Fire Theft Lightening Hail Flood Wind

Water/Weather Water/Non-Weather Other (explain) _____

Description of Loss & Damage

Describe measure taken to minimize loss/damage

If theft or vandalism, please provide name of Police or Fire Dept. it was reported to and the report number:

Dept. Name: _____ Report #: _____

Suspect(s) apprehended by police? Yes No Unknown

Neighborhood area canvassed for witnesses/suspects? Yes No Unknown

WeTip Posters used to locate/identify suspects? Yes No Unknown

Completed by: _____ Date: _____