



**RISK MANAGEMENT PROGRAM**

**P.O. Box 165460**

**Little Rock, Arkansas 72216**

**1-866-223-9587 phone**

**501-687-0225 fax**

**PROPERTY CHANGE FORM**

SCHOOL DISTRICT: \_\_\_\_\_

LEA#: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

**ADDITION**

EFFECTIVE DATE: \_\_\_\_\_

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

YEAR BUILT: \_\_\_\_\_

ALARM: \_\_\_\_\_

CONSTRUCTION OF BUILDING: \_\_\_\_\_

SQUARE FEET: \_\_\_\_\_

COST: \_\_\_\_\_

CONTENTS: \_\_\_\_\_

**DELETION**

EFFECTIVE DATE: \_\_\_\_\_

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Contact Person E-mail Address: \_\_\_\_\_