



RISK MANAGEMENT PROGRAM
 P.O. Box 165460
 Little Rock, Arkansas 72216
 1-866-223-9587 phone
 501-687-0225 fax

PROPERTY LOSS NOTICE

Date of Loss: _____ Previously Reported? Yes No
 If yes, to whom? _____
 Time of Loss: _____ AM PM by phone by mail
 LEA# _____

SCHOOL DISTRICT / ADDRESS	CONTACT PERSON	PHONE NUMBER(S)
	E-mail:	

***** LOSS INFORMATION *****

LOSS LOCATION (Campus or Building)	POLICE DEPARTMENT	POLICE PHONE

KIND OF LOSS (Burglary, Theft, Fire)	PROBABLE AMOUNT OF ENTIRE LOSS
	\$

DESCRIPTION OF LOSS

MISCELLANEOUS INFORMATION

COMMENTS:

Signature and Title: _____ Date: _____