



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, by phone: _____ by mail: _____
 Time of Loss: _____ AM / PM If yes, to whom? _____
 LEA# _____ Original submission date: _____

SCHOOL DISTRICT / ADDRESS	CONTACT PERSON	PHONE NUMBER(S)
	E-mail:	
	SUPERINTENDENT	PHONE NUMBER(S)
	E-mail:	
LOSS LOCATION (Campus or Building)	POLICE OR FIRE DEPARTMENT	CONTACT PERSON
		PHONE NUMBER

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

DESCRIPTION OF LOSS	

MISCELLANEOUS INFORMATION

COMMENTS:	

Signature and Title: _____ Date: _____