PROPERTY LOSS NOTICE CADDO PARISH SCHOOL BOARD

NAME OF SCHOOL / DEPT:			
ADDRESS: _			
DATE OF LOSS.			□AM □PM
DATE OF LOSS:			LIPIVI
TYPE OF LO	SS (Fire, Theft, Vandalism, Etc.):		
DESCRIPTION OF DAMAGE OR LOSS:			
LICT DARAG	SED OD SECURITION		
QUANTITY	GED OR STOLEN ITEMS: DESCRIPTION (ITEM, BRAND, SERIAL NUMBER, ETC.)	COST	DAMAGED OR STOLEN
	, , , , , , , , , , , , , , , , , , , ,		
		<u></u>	
POLICE REPORT MADE: YES NO IF YES, POLICE DEPARTMENT			
COMMENTS:			
			4
SIGNATURE DATE			
PRINCIPAL OR SUPERVISOR			

PL 76 (Rev 6/2017)

SUBMIT COMPLETED FORM TO RISK MANAGMENT