

Risk Management Program P.O. Box 165460 Little Rock, Arkansas 72216 1-501-492-4800 phone 501.687.0225 fax

PROPERTY LOSS NOTICE Date of Loss: Previously Reported? Yes Time of Loss: AM / PM If yes, by phone: by mail: If yes, to whom? Original submission date: SCHOOL DISTRICT / ADDRESS CONTACT PERSON PHONE NUMBER(S) E-mail: SUPERINTENDENT PHONE NUMBER(S) E-mail: POLICE OR FIRE DEPARTMENT **CONTACT PERSON** LOSS LOCATION (Campus or Building) PHONE NUMBER KIND OF LOSS (Burglary, Theft, Fire) PROBABLE AMOUNT OF ENTIRE LOSS **DESCRIPTION OF LOSS MISCELLANEOUS INFORMATION COMMENTS:** Signature and Title: Date: