

**VALDOSTA STATE UNIVERSITY  
PROPERTY LOSS REPORT  
BUILDING, CONTENTS, EQUIPMENT**

LOSSES SHOULD BE REPORTED TO THE CAMPUS POLICE DEPT IMMEDIATELY UPON DISCOVERY. ALSO IF THERE IS DAMAGE TO A BUILDING, CONTACT PLANT OPERATIONS. A REPORT SHOULD BE MADE EVEN IF ALL INFORMATION IS NOT AVAILABLE

**DATE OF LOSS** \_\_\_\_\_ **TIME** \_\_\_\_\_

**LOCATION OF LOSS:**

**BUILDING:** \_\_\_\_\_ **ROOM #:** \_\_\_\_\_  
**DEPARTMENT:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**NAME & PHONE NUMBER OF CONTACT PERSON (S):**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**NAME & PHONE NUMBER FOR PERSON (S) WHO DISCOVERED THE LOSS:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**CAUSE OF LOSS:**

BURGLARY  LIGHTNING  WIND  WATER  FIRE  FREEZE   
HAIL  VANDALISM

OTHER : \_\_\_\_\_

IF BURGLARY, IS THERE EVIDENCE OF FORCIBLE ENTRY? YES  NO

WAS THE POLICE OR AN EMERGENCY RESPONSE TEAM NOTIFIED?

YES  NO

AGENCY NOTIFIED: \_\_\_\_\_

Report #: \_\_\_\_\_

**DESCRIBE IN DETAIL THE CAUSE OF LOSS:**

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**DETAIL LIST OF BUILDING, CONTENTS, OR EQUIPMENT DAMAGED, DESTROYED OR STOLEN**

**Damage to Building**

Description	Estimated Repair/Replacement Cost
_____	_____
_____	_____
_____	_____
_____	_____

**Contents Damaged, Destroyed, or Stolen:**

Property Description	Date Purchased	Purchase Price	Replacement Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Equipment Damaged, Destroyed, or Stolen:**

Equipment Description	Date Purchased	Purchase Price	Replacement Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FAX A COPY OF THIS REPORT TO RISK MANAGEMENT WITHIN 24 HOURS OF DISCOVERING INCIDENT. FAX NUMBER IS (229) 333-2159.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_