STATE OF IDAHO PROPERTY LOSS REPORTING FORM

(To be submitted within 90 days from date of occurrence.)

Send To: Department of Administration Risk Management Program PO Box 83720 Boise. ID 83720-0079 Date: AGENCY SUFFERING LOSS: DATE OF LOSS OR DAMAGE: Fire _____ Explosion ____ Inside Theft _____ Wind ____ Machinery Outside Theft TYPE OF Machinery _____ Wind _____ LOSS Outside Theft Water _____ Power Outage _____ Breakage _____ ITEM DAMAGED OR STOLEN: **DESCRIPTION OF LOSS OR DAMAGE** (If lost, location of item when last seen) APPROXIMATE DOLLAR AMOUNT OF LOSS OR DAMAGE: _____ COULD ANYTHING HAVE BEEN DONE TO PREVENT THE DAMAGE OR LOSS? Yes _____ No ____ WHAT COULD BE DONE IN THE FUTURE TO PREVENT SIMILAR LOSS? WHO SHOULD BE CONTACTED FOR FURTHER INFORMATION? ADDRESS AND PHONE

 Report Submitted by:

Phone (____)