

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: _____

TYPE OF LOSS	Fire _____	Explosion _____	Inside Theft _____
	Wind _____	Machinery _____	Outside Theft _____
	Water _____	Breakage _____	Power Outage _____

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** (____) _____