



PROPERTY LOSS or DAMAGE NOTICE

(INSTRUCTIONS: All boxes are to be checked for response, click to initiate a check mark if N/A or a discrepancy leave blank fill in comments.)

This form is to report lost, stolen, and / or damaged property owned by Douglas County.

Department: _____ Department #: _____

Date of Loss: ___/___/___ Time: ___:___ AM PM

Location: _____ City: _____ State: _____ Zip: _____

Type of Loss:

- | | | | |
|-------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Equipment | <input type="checkbox"/> Boiler | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Furnishing | <input type="checkbox"/> Communication devices | <input type="checkbox"/> Money / Securities | _____ |
| <input type="checkbox"/> Vehicle | <input type="checkbox"/> Supplies | <input type="checkbox"/> Uniform | _____ |

Vehicle/Equipment:

Vehicle#: _____ Model#: _____ Tag#: _____ Year: _____

Make: _____ Serial #: _____ VIN#: _____

Cause of Loss:

- | | | | |
|---|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Robbery | <input type="checkbox"/> Theft | <input type="checkbox"/> Accident / Incident |
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Fire | <input type="checkbox"/> Windstorm | Other: _____ |
| <input type="checkbox"/> Mechanical Failure | <input type="checkbox"/> Flood | <input type="checkbox"/> Snow/Ice | |

Description of Loss: (Auto – Font 150 characters max)

Describe loss or damages to County property (*attach pictures, police reports, and documentation*):

Has there been a similar loss at this location? Yes No Date of previous loss: ___/___/___

If yes, provide details:

Estimated total dollar amount of loss: \$ _____

Responsible Person(s):

Name(s): _____ **Unknown**

Address: _____

Phone #: _____

Department:

Person Submitting Report: _____ Title: _____ Phone: _____

Department Supervisor Signature: _____ Date: ___/___/___

Police Report / Case #(if applicable): _____

*Please attach any additional pictures, diagrams or statements.
Submit Notice to the Office of Risk & Safety.*