

**AUBURN UNIVERSITY
PROPERTY LOSS REPORT
BUILDING, CONTENTS, EQUIPMENT**

LOSSES SHOULD BE REPORTED TO THE OFFICE OF
RISK MANAGEMENT & SAFETY IMMEDIATELY UPON
DISCOVERY. A REPORT SHOULD BE MADE EVEN IF ALL
INFORMATION IS NOT AVAILABLE.

DATE OF LOSS _____

TIME _____

LOCATION OF LOSS:

BUILDING: _____

ROOM #: _____

ADDRESS: _____

TELEPHONE #: _____

DEPARTMENT: _____

NAME & PHONE NUMBER OF CONTACT PERSON (S):

1. _____

2. _____

3. _____

4. _____

NAME & CONTACT INFORMATION 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: _____

ADDRESS: _____

CASE #: _____

DESCRIBE IN DETAIL THE CAUSE OF LOSS: _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY CERTIFY THAT THE INFORMATION COMPLETED ON THIS FORM IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

DATE: _____

TITLE: _____

PHONE: _____

FORWARD A COMPLETED COPY OF THIS REPORT TO RISK MANAGEMENT AND SAFETY AT FAX (334) 844- 4640. IF ASSISTANCE IS NEEDED IN COMPLETING THE REPORT, PLEASE CALL (334) 844-4533.