

## CITIZEN PROPERTY LOSS $\Box$ CLAIM $\Box$ REPORT

DIRECTIONS: This form must be completed Administration Center, 8115 Gatehouse Rd, I (Fax Number 571-423-3627)	d by the citizen. Send the completed form to: Ris Falls Church, VA 22042. riskmanagement@fcps	k Management, Office of Comptro edu (Telephone Number 571-423-	ller, Gatehouse 3620)
GENERAL INFORMATION			
Name Last	First	MI	
Address Number and Street	City	State Zip	Code
Telephone Number	Date of Birth	Sex Male	Female
LOSS INFORMATION			
Description of Property Lost or Damaged			
When Loss Occurred Date	Day of the Week	Exact Time	P.M.
Location of Loss Name of School or Office	Specific Area of Scho	ol or Office	
Witnesses Name	Address	T	elephone
PREPARATION INFORMATION			
Signature		Date	