



UCO RISK MANAGEMENT

Property Damage Notice

E-Mail: riskmanagement@uco.edu

*Please submit within 48 hours of incident

Contact Name: _____
Contact email: _____
Phone: _____ Date of loss: _____ Time of loss: _____

Name and location of structures/contents damaged: (If damage is to contents, list the contents and the structure they were in when damaged. Include the address and city where damage occurred. Please provide generic number of structure, if known.)

[Empty text box for name and location of structures/contents damaged]

Description of loss and/or damage – how and what was damaged? (Attach additional sheets, if necessary.)
For example: wind tore off 1/4 of roof on north end of building ABC and contents was damaged by water.

[Empty text box for description of loss and/or damage]

Estimated amount of loss: _____
(List structures and contents separately.)

Authorities reported to: (fire, police, etc.) _____

Person to contact to inspect loss: _____
Name Phone

Comments: [Empty text box for comments]

Form completed by: _____ Date: _____
Signature: _____ Phone: _____