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.)

________________________________________________________________________________________________________________________________________

Description of loss and/or damage – how and what was damaged? (Attach additional sheets, if necessary.)

For example: wind tore off ¼ of roof on north end of building ABC and contents was damaged by water.

________________________________________________________________________________________________________________________________________

Estimated amount of loss: ___________________________

(List structures and contents separately.)

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

Person to contact to inspect loss: ___________________________  Name  _________________  Phone: ___________________________

Comments: 

________________________________________________________________________________________________________________________________________

Form completed by: ___________________________  Date: ___________________________

Signature: ___________________________  Phone: ___________________________