



Vandalism/Theft/Break-in/Fire Report

- Vandalism
 Theft
 Break-in
 Fire

School Site: _____

School District: _____

Northern Districts fax report to 866-430-4203

OCCURRENCE SPECIFICS

Date and Time Discovered: _____ Probable Date/Time of Occurrence: _____

What area/room was affected?	Describe the Damages	List Items Missing

	Fire	Police
Date and Time Reported to Authorities:	_____	_____
Name of Investigating Officer	_____	_____
Contact Information	_____	_____

FOR BUSINESS USE ONLY

Maintenance Department Totals	
Labor Hours	Hourly Rate

Purchasing Department Totals			
Quantity	Item	PO Number	Cost

Total Maintenance _____

Total Materials _____

TOTAL Cost of Damage: _____

REIMBURSEMENT SPECIFICS

Send Reimbursement for Damages to:

School Name _____ Account Number _____
 Address _____ Contact _____
 City, St. Zip _____ Phone _____

Insurance Company _____ Contact _____

Claim File Date _____ Settlement Date _____ Settlement Amount _____
 Phone _____

Business Manager _____ Date _____