## DENMARK-OLAR SCHOOL DISTRICT 2

## STOLEN OR LOST EQUIPMENT REPORT

PERSONAL INFORMATION							
School Year	Date						
Name							
School							
Address							
City, State, Zip					ı		
Local Phone				Cell Phone			
	DEVICE INFORMATION						
Make	Model #	!		Serial #		District ID#	
Was power cord stol			Was compute	r bag st	tolen or lost?		
<u> </u>			<u> </u>				
DETAILS REGARDING STOLEN OR LOST DEVICE							
Date Device Stolen or Lost:							
Time Device Stolen	or Lost:						
City & State Device Stolen or Lost							
			Which Agency?				
Details of Theft or Lost Device (Include the last known location of the device and how it was							
stolen or lost.							
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Signature:				Dat	e:		

Should you have anything further to report after making this report, please contact, Rodney Anderson at (803) 793-3346.