DENMARK-OLAR SCHOOL DISTRICT 2

DAMAGED, STOLEN, OR LOST EQUIPMENT REPORT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSONAL INFORMATION | | | | | |
| School Year |  | Date | |  | |
| Name |  | | | | |
| School |  | | | | |
| Address |  | | | | |
| City, State, Zip |  | | | | |
| Local Phone |  | | Cell Phone | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| EQUIPMENT INFORMATION | | | |
| Make | Model # | Serial # | District ID# |
|  |  |  |  |
| Equipment was Damaged  Stolen  Lost | | | |
| Power cord was  Damaged  Stolen  Lost | | | |
| Equipment bag was  Damaged  Stolen  Lost | | | |

|  |  |
| --- | --- |
| DETAILS REGARDING STOLEN OR LOST DEVICE | |
| Date Device Damaged, Stolen or Lost: |  |
| Time Device Damaged, Stolen or Lost: |  |
| City & State Device Damaged, Stolen or Lost |  |
| Was police report filed? | Which Agency? |

|  |
| --- |
| Details of Damage, Theft or Lost Device (Include the last known location of the device and how it was damage, stolen or lost. |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should you have anything further to report after making this report, please contact, your building principal and copy to Rodney Anderson at randerson@bamberg2.org.