

PROPERTY INSURANCE REPORT

Please return the completed form to the Kalispell Public Schools District Office

INCIDENT DETAILS

LOCATION _____

DATE _____

TIME _____

Circle One
AM PM

TYPE OF LOSS

Water Damage	<input type="checkbox"/>	Theft	<input type="checkbox"/>	Fire	<input type="checkbox"/>
Fire	<input type="checkbox"/>	Vandalism	<input type="checkbox"/>	Other	<input type="checkbox"/>

Description of the Property _____

Description of the Damage _____

Description of How the Incident Occurred _____

Cost of Repair _____

Cost of Replacement _____

Person Completing Report _____
Print Name

Witnesses _____
Print Name

Print Name