

# FORM 3

## PROPERTY DAMAGE REPORT

|   |                  |                  |
|---|------------------|------------------|
| Property:   |                  | Date of Loss:    |
| Location:   |                  | Time of Loss:    |
| County Loss:  | Contractor Loss: | Other:           |
| Contractor/Vendor Information:                            |                  |                  |
| Cause of Loss (theft, fire, windstorm):                   |                  | Police Report #: |
| Description of Loss:                                      |                  |                  |
| Property Involved:  |                  |                  |
| Estimate of Damages:                                      |                  |                  |
| Were Public Agencies Notified? (Police, Fire, OSHA, etc.) |                  |                  |
| Additional Comments                                       |                  |                  |
| Person completing this form:                              |                  | Date: Phone #:   |