PROPERTY AND CASUALTY CLAIMS FORM

Please circle one of the following: Damage to Property/Theft of Property/Personal Injury

Date of Incident: ________________ Name of School:__________________

Room #:_______ Teacher Name:________________________

Description of Property Damaged or Stolen

Service Tag/Serial #:____________________

Manufacturer (ex. Dell):_________________________________

Model (ex. E6400 Laptop):_______________________________

Description of Incident
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Attach additional write up if necessary.

Submit any or all of the following documents: Police Report, Witness Statements, Medical Bills, Letter from Claimants, and any documentation you feel will help in the investigation of the claim.

Submit this information to the Office of Administrative Services, 711 Green Street, Gainesville, GA.

Please fax a copy of this form to Mallory Garrett at the Tech Center (770-533-4017) AND Julie Preston at the Central Office (770-535-7404).