

AUBURN UNIVERSITY HOUSING AND RESIDENCE LIFE LOSS REPORT FORM

DATE OF LOSS: _____ TIME OF LOSS: _____

CLAIMANT NAME: _____

LOCATION OF LOSS:

BUILDING: _____
 ADDRESS: _____

ROOM #: _____
 TELEPHONE #: _____
 E-MAIL ADDRESS : _____
 BEST TIME TO CONTACT YOU: _____

CAUSE OF LOSS:

BURGLARY WIND WATER FIRE FREEZE VANDALISM
 OTHER : _____

IF BURGLARY-IS THERE EVIDENCE OF FORCIBLE ENTRY? YES NO

WAS THE POLICE OR OTHER EMERGENCY RESPONSE TEAM NOTIFIED? YES NO

AGENCY NOTIFIED: _____

ADDRESS: _____

CASE #: _____

DESCRIBE IN DETAIL, THE CAUSE OF LOSS: _____

DETAIL LIST OF PROPERTY OR ITEMS DAMAGED, DESTROYED OR STOLEN:

PROPERTY DESCRIPTION	DATE PURCHASED	PURCHASE PRICE (ORIGINAL & CURRENT)	REPLACED (YES OR NO)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY CERTIFY THAT THE INFORMATION COMPLETED ON THIS FORM IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

FORWARD A COMPLETED COPY OF THIS REPORT TO RISK MANAGEMENT AND SAFETY AT FAX (334) 844-4942. IF ASSISTANCE IS NEEDED IN COMPLETING THE REPORT, PLEASE CALL (334) 844-4533.

NOTE: As noted on page 5 of the *Guide to Residential Life*, students are encouraged to carry Student Personal Property Insurance, or to be covered under their parent's homeowner's insurance. It is the responsibility of the student to assist in the loss investigation.

UNIVERSITY HOUSING OFFICE USE ONLY
 CONTACT WITH STUDENT-DATES AND TIMES: _____

NOTES: _____