



Kennesaw State University Property Damage Report Form

Claim #
(Risk Management use only)

Department: _____

Employee: _____ Phone No: _____

Fax No: _____

Person to Contact for Additional Info: _____

Date of Incident: _____ Time: _____ AM PM

Location of Incident: (Bldg) _____ Room: _____

Type of Loss: Property Damage Vandalism Fire
 Water Damage/Theft Other _____

Description of How Incident Occurred:

Description of Property Damage:
(List items with KSU Property number, serial number, model number)

Witnesses Names & Addresses:

(Check all that apply if known)

Estimate Replacement Cost \$ _____
 Invoice Repair Cost \$ _____

Bills Attached: Yes No

**For Transient State Property Only?
Yes No

Employee Filing this report _____ Date _____ Phone _____

**Return this form to KSU Risk Management immediately via fax at 470-578-9325 or email
riskmanagement@kennesaw.edu**

****If loss occurs after hours, call Janet Nash 404-345-1573 or Billie Barron 404-558-1572**

To be completed by Facilities Operations:
Date first notified of incident _____
Facilities Operations staff to oversee repairs/replacement
Name: _____ Phone: _____