

PROPERTY CLAIM FORM

<u>DISTRICT</u>	<u>CONTACT</u>	
Name:	Name:	
Address:	Title:	
	Phone:	
Date of Loss:	Time:	□ a.m. □ p.m.
LOSS LOCATION		
Site Name:	Site Contact:	
Address:	Phone:	
Other (Explain) Description of Loss & Damage:		
In the event of theft or vandalism, please provide the	following:	
Police or Fire Dept. to which reported		
Report #		
Suspect(s) apprehended by police?	Yes	No 🗌
Neighborhood area canvassed for witnesses/suspects?	Yes 🗌	No 🗌
We Tip Posters used to locate/identify suspects?	Yes	No 🗌
Completed by:	Date:	

Fax completed form to: Keenan & Associates, PLCA (310) 212-6847 – Torrance (510) 986-6756 – Oakland