

CITIZEN PROPERTY DAMAGE REPORT

Date of Loss: _____ Time of Loss: _____ Date Incident Reported: _____

Department Where Incident Occurred: _____

Department Contact Name (person filling out this form): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Citizen Reporting Loss/Damage:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Property Lost or Damaged: _____

Make and Model if vehicle: _____ VIN#: _____

Incident Description (please be detailed; right or left, front or back, etc.):

Damage Description (please be specific):

Additional Comments (weather conditions, damage to County property, etc.):

