NOTICE OF LOSS TO STATE PROPERTY OR FACILITY

IS	1. Fully photograph all losses.						
INSTRUCTIONS	2.						
	3.						
LRL							
ISN	4.						
5. Fax completed form to the Division of Risk Management at (609) 292-3046.							
	Name of Agency or Department:						
Location of Loss	Municipality / State / Zip Code of loss location:						
	Floc	Floor / room / other description of loss location: Common name of facility: (State House, Justice Complex, etc.)					
u c							
catio	Is the property leased?						
P	lf ye	If yes, state the name, address, and phone number of the Leasor or Property Manager:					
Agency Contact	<u> </u>	Name:					
	Ę	Job title:					
	atio						
	Ĕ	Address:					
	Information		Phone number:				
Ag							
	Dat	Fax number: e of loss or discovery: Tin	ne of loss or discovery:	Type of loss: 🛛 broken p	pipe 🛛 broken sprinkle	r head	
				☐ fire ☐ flood ☐ wind ☐ theft ☐ other:			
	Description of occurrence:						
SS							
	Description of loss (building and items):						
	Estimated amount of loss. Enter both the amount and Indicate range: \$						
f Lo	\$100,000 to \$500,000 🗌 \$0 TO \$100,000 🗌 \$500,000-\$1,000,000 🗌 greater than \$1,000,000						
Details of Loss	Name and contact information of persons injured:						
ă	Nam	Name, address, and phone number of persons who may have information regarding the occurrence or loss:					
	Nan	Name of Police or Fire Department at the scene:					
	IF T	IF THE PROPERTY IS LEASED: Name, address, and phone number of Property Manager.					
	1						
	На	Has the Property Manager been notified? No Yes, by phone Yes, in writing Yes, in person					
	На	s the Property Manager bee	en notified? No	Yes, by phone	Yes, in writing	Yes, in person	

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