Property Damage Report

(Fire, Water, Wind, Storm, etc.)

Property:_____

Address:_____ Office Hours:_____

C/S/Zip: _____ Office Days:_____

Phone: _____ _____

Detail of Incident

Date of incident: _____

Were pictures taken: Yes _____ No _____ Time of incident: _____

Weather Conditions: _____ Apartment #: _____

Temperature: _____ Building #: _____

Please provide a detailed account of what happened? *Please provide any additional information on backside of this report*.

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Site Manager Signature: _____ Date: _____

Upon completion fax to: (502) 495-2672