## VANDALISM



## **FUSD**

## **REPORT OF VANDALISM OR THEFT**

1.	School Reporting	2.	Date:	Time:		
3.	Person Discovering Damage or Theft	4.	Date of Occurrence: _			
5.	Person Reporting Damage or Theft	6.	Approximate Time: _			
7.	Reported toEnforcement Agency	8.	Name of Officer:			
9.	Witnesses (all parties concerned)					
10. Explanation of what occurred						

## 11. Monetary or property loss stolen or destroyed

ESTIMATED VALUE	(DISTRICT, STUDENT BODY,ETC.	AMOUNT

BUSINESS OFFICE ONLY- COST OF LABOR	& MATERIALS	ADMINISTRATOR'S / PRINCIPAL'S SIGNATURE	
COPY TO: SCHOOL MAINT.		RESTITUTION: YES NO NO INSURANCE COVERAGE: YES NO NO	
DESCRIPTION	AMOUNT	JOB ORDER NO:	
		PURCHASE ORDER NO: DATE SENT TO RISK MGMT	