

CHAMPLAIN VALLEY EDUCATIONAL SERVICES

LOST OR STOLEN PROPERTY REPORT

Submit completed form to: Assistant Superintendent of Management Services

Lost

Stolen

Building: _____

Date: _____

Department: _____

Immediate Supervisor: _____

Room # or Location: _____

Description of Item: _____

Use: _____ NSCSD Inventory #: _____

Make: _____ Model: _____ Serial #: _____

Date last seen: _____ Location last seen: _____

Approximate value: _____ Will item be replaced: Yes No

Replacement ordered: Yes No Approximate replacement cost: _____

Was a Police report taken: Yes No Which Police agency: _____

Case number: _____

Department Director notified? Yes _____ No
Date

Building Administrator notified? Yes _____ No
Date

Business Office notified? Yes _____ No
Date

Person reporting: _____ Director/Administrator: _____

Signature: _____ Signature: _____