

**REPORT OF LOST, STOLEN OR DAMAGED ITEMS
RIALTO UNIFIED SCHOOL DISTRICT
(MUST BE FILED WITHIN 30 DAYS OF OCCURRENCE)**

NAME: _____ TELEPHONE #: _____

SCHOOL/LOCATION: _____

DATE & TIME OF OCCURRENCE: _____

DETAILS OF INCIDENT: (If vehicle damage, please include Make/Model & License #):

WITNESSED BY: _____

ITEM(S) INVOLVED: _____

TO BE REPAIRED: _____ TO BE REPLACED: _____

ESTIMATED COST OF REPAIR: \$ _____ REPLACEMENT: \$ _____

ATTACH THE FOLLOWING: (1) Repair/Replacement Bills (2) Police Report (Theft/Vandalism).

INSURANCE COMPANY _____ POLICY # _____

EXPIRATION DATE: _____ AMOUNT OF DEDUCTIBLE: \$ _____

DATE

CLAIMANT'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE
(Incident verified by Immediate Supervisor)

APPROVED \$ _____ TO BE REPAIRED _____ REPLACED _____

DISAPPROVED/COMMENTS _____

SUPERINTENDENT or DESIGNEE

If applicable, B-56 Form (Approval for Use of Private Property on School Premises) must be attached.