



# Rowan County Property Damage Report (Other than auto)

Please return the completed form to Risk Management prior to incurring any costs.

Department: \_\_\_\_\_

Manager/ Employee Contact Information: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Typed of Loss: Water Damage: \_\_\_\_\_ Fire: \_\_\_\_\_ Vandalism \_\_\_\_\_ Theft: \_\_\_\_\_

Other: \_\_\_\_\_ (Describe other)

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Description of Damage:

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Description of how the incident occurred:

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Authorities Contacted: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes who responded (Sheriff Department, Salisbury Police) \_\_\_\_\_

Employee Name: (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_ ]

**\*\*\* For Auto Claims please complete the Automobile Accident Report\*\*\***

