



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)

Description of Damage:

Description of how the incident occurred:

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*****

