

## Butte Schools Self-Funded Programs 500 Cohasset Road, Suite 24 Chico, CA 95926 530-879-7438

## **Property Claim Form**

## **District**

| School District:                  |                | Contact name:       |                         |
|-----------------------------------|----------------|---------------------|-------------------------|
| Date of Loss:                     | Time:          | Contact phone:      |                         |
|                                   | Loss           | Location            |                         |
| Site Name:                        |                | Site contact name:  |                         |
| Address:                          |                | Site contact phone: |                         |
|                                   |                | e of Loss           |                         |
| Fire                              | Hail           |                     | Other (please describe) |
| Theft                             | Flood          |                     |                         |
| Lightning                         | Wind           |                     |                         |
|                                   | Description of | Loss and Damage     |                         |
| Police or Fire Department to whic | ch reported:   |                     | Report #                |
| Completed by:                     |                | Date:               |                         |

When completed, scan form and any related documents to: <a href="mailto:erik@knakco.com">erik@knakco.com</a> and <a href="mailto:cpatters@bsspjpa.org">cpatters@bsspjpa.org</a>.