



NANCY E. HARDT
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CITY OF RENSSELAER

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CITY OF RENSSELAER PROPERTY LOSS REPORT

NAME OF THE INSURED _____ TODAY'S DATE _____

INSUREDS ADDRESS _____

DATE OF LOSS _____ TIME OF LOSS _____

LOCATION OF LOSS _____

WHAT WAS DAMAGED? _____

DESCRIPTION OF LOSS _____

POLICE OR FIRE DEPARTMENT INVOLVED? YES ___ NO ___ IF YES, DATE OF REPORT _____

OTHER COMMENTS _____

REPORT COMPLETED BY _____ PHONE NUMBER _____

LOCATION MANAGER OR DEPARTMENT HEAD _____ PHONE NUMBER _____

SIGNATURE OF CLAIMANT _____