REPORT OF PROPERTY DAMAGE

* = Required Field

MEMBER NAME	
*PARISH/SCHOOL	
* ADDRESS	
*CITY	*ZIP
* PHONE NUMBER	PARISH EMAIL
* PERSON REPORTING	
DATE FORM COMPLETED (MM/DD/YYYY)	
* DATE OF INCIDENT (MM/DD/YYYY)	
LOCATION OF DAMAGE	
WERE PHOTOGRAPHS TAKEN?(Please take photos for damage in excess of \$5,000)	
DESCRIBE INCIDENT	
GIVE POLICE REPORT NUMBER	
(If vandalism or theft, police must be notified.)	
DESCRIBE BUILDING AND/OR CONTE	NTS DAMAGE

SPECIAL INSTRUCTIONS

- MEMBERS SHOULD PROCEED WITH ANY EMERGENCY REPAIRS NEEDED TO PREVENT FURTHER DAMAGE.
- TWO ESTIMATES ARE REQUIRED FOR ALL NON-EMERGENCY REPAIRS, UNLESS PRIOR APPROVAL IS OBTAINED FROM CATHOLIC MUTUAL.
- SEND COMPLETED FORM TO KCOX@CATHOLICMUTUAL.ORG AND SMKNOLL@CATHOLICMUTUAL.ORG OR FAX IT TO 402-551-2943.