

## LOSS REPORT AND PROOF OF CLAIM

Last name

First name (husband)

Initial

Last name

First name (wife)

Initial

Address

City

State

Zip

Residence phone

Business phone

Date of occurrence

Time (that occurrence  
was reported to District)

Item	Cost new	Years old	Present value	Repair or cleaning cost

Witness to loss

Name

Address

Phone

Name

Address

Phone