

Connection Pointe Christian

Lost or Stolen Property Report

Date of Incident: _____ Time of Incident: _____

Name of person reporting: _____

Contact Information: _____

Lost or Stolen Property: _____

Description of Property: _____

Where was the last place you saw your property? _____

Describe details as known:

Witnesses: _____

Were the Police notified: _____

Was there a police report filed: _____

Person completing report: _____

Notes: _____

Date of Report: _____

Report to be turned in to Safety Office