



The Navajo Nation

Property Loss Report

Date: _____

OFFICE	Program/Division/Department/ Chapter or Enterprise:		
	Address:		
	Person to Contact:		Contact #:
FACTS	Date of Loss:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Kind of Loss: (Fire, Wind, Explosion, Etc.):
	Location of Loss (Be Specific):		
	DESCRIPTION OF INCIDENT:		
	WHO WAS NOTIFIED?		
	Name:	Address:	Phone #:
PROPERTY	DESCRIPTION OF PROPERTY INVOLVED:		
	Estimated Amount of Loss:	Property I.D. #:	Square Footage:
POLICE/FIRE REPORT	District:	Report #:	Officer and I.D. #:
RESPONSIBLE PARTY	Name (Individual or Firm):		
	Address:		Phone #:
WITNESSES	Name:	Address:	Phone #:
REMARKS			

This report must be completed and sent to:

Navajo Nation
Risk Management
Post Office Box 1690
Window Rock, Arizona 86515
Phone: (928) 871-6335
Fax: (928) 871-6087

Reported By: _____

Date: _____

Supervisor's Signature: _____

Date: _____