



Property Damage Claim Form

Please type or print clearly using ink. All fields must be completed to initiate investigation process. Incomplete forms will not be accepted. Forms must be submitted with photographs of damages and a copy of the applicable law enforcement or Stetson University Public Safety report.

Claimant Information:

Property Owner Name: _____ Phone Number: _____

Relationship to Stetson: Student Employee Visitor

Claimant Address: _____

Description of Incident:

Date of Incident: _____ Time of Incident: _____ AM PM

Location: _____

Description and Cause of Incident:

Property Damaged: _____	Replacement/Repair Value: _____
Property Damaged: _____	Replacement/Repair Value: _____
Property Damaged: _____	Replacement/Repair Value: _____
Property Damaged: _____	Replacement/Repair Value: _____
Property Damaged: _____	Replacement/Repair Value: _____

Report Information:

Please indicate the law enforcement or University agency to whom this incident was reported. A copy of the report will be required with submission of this form.

DeLand Police Department	Report Number: _____
Gulfport Police Department	Report Number: _____
Hillsborough County Sheriff	Report Number: _____
Osceola County Sheriff	Report Number: _____
Pinellas County Sheriff	Report Number: _____
St. Petersburg Police Department	Report Number: _____
Stetson Public Safety	Report Number: _____
Tampa Police Department	Report Number: _____
Volusia County Sheriff	Report Number: _____

By signing below, I certify that the information supplied on this claim form and the documentation attached hereto is true and correct. I understand that this documentation will be reviewed, but does not guarantee payment nor an acceptance of University responsibility.

Claimant Signature: _____ Date: _____