

**PROPERTY  
LOSS/DAMAGE REPORT**  
Contractors & Employees  
Please fill out top portion of form



**State of Alaska**  
Department of Natural Resources  
Division of Forestry

Use blue ink  
Print legibly

Date received

Received by

Date of Loss/Damage: / /

Name and Address of Claimant

Claim Amount \$

Date / /

Incident #/Name

Phone # ( )

Item No.	Quantity	Description of item, attach photographs showing damage. List make, model and serial numbers for all equipment	Date Purchased	Original Purchase Price	Value Per Item	Amount Claimed
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

**Three bids or estimates are required for any item totaling \$1,000 or more. One bid required in remote locations for items < \$2,500**

**Explanation.** Explain in detail what happened. Provide factual evidence of the circumstances involving your loss. Include name, title and address of person or persons you believe contributed to your loss. Include witness statements, names, addresses and phone numbers when applicable. If more room is needed, use the back side of this form, or a separate sheet. No claim will be approved for replacement of items that can be reasonably repaired. Depreciation may apply on approved claims due to age of item. **Total amount claimed \$** \_\_\_\_\_

**Insurance.** Was property insured? Please circle one: Yes No Has claim been submitted to your insurance company? Yes No

**Claimant agrees that this claim amount (or proposed settlement amount above, if applicable), if approved, satisfies all damages or loss for the item(s) listed above and claimant will hold the State harmless for future claims for item(s) listed above.**

Claimant Signature:

Date:

Area Office Comments and Recommendations

**Contractor & Third Party Claims Only**  
**Recommended Settlement (if applicable) Amount \$**

Settlement Proposed by- Staff Initials Vendor Initials

Staff Recommending Settlement Amount \$

Staff (adjudicator) Home Unit

Regional Forester  Concurs with claim  
 Denies claim  
Date:  Concurs with settlement amount

Comments

FY	AR	Task	Function	Object	Amt. Approved
					\$
					\$
					\$

Approval: Title: EMP ID: Date:

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Within 90 days of date of denial Claimant may appeal items/claims denied in writing to:

DNR Procurement Officer, 550 W. 7th Ave - Suite 1230, Anchorage, AK 99501

See AS36.30.620. Otherwise denied claims will be considered closed.

Original to State of Area Office for forwarding to Region

