PROPERTY LOSS/DAMAGE REPORT
Contractors & Employees
(Complete the non-shaded areas)

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: / /
	Contractor & Third Party Claims Only Recommended Settlement (if applicable) Amount: $_____	
	Settlement Proposed by - Staff Inititals: _____ Vendor Inititals: _____	
	Staff Recommending Settlement Amount:	
Tax ID or SSN:	Daytime phone: ( ) -	Staff (adjudicator) Home Unit:

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
				$	$	$
				$	$	$
				$	$	$

If there are more items or more room is needed, attach a separate page. Three bids or estimates are required for any item totaling $1,000 or more.

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? ☐ 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 Reccommendations

Regional FMO:	☐ Concurs with claim	FMO Comments
	☐ Denies claim	
Date:	☐ Concurs with settlement amount	

Item No.	Approved	Denied	Reason/Justification	CC	LC	AC	Amt. Approved
							$
							$
							$

Approving Officer Signature:	Title:	RD Code:	Date

Claimant may appeal items/claims denied in writing to:
DNR Procurement Officer, 550 W. 7th Ave - Suite 1230, Anchorage, AK 99501 within 90 days of date of denial. See AS 36.30.620. Otherwise denied claims will be considered closed.

Original to State Area Office for Forwarding To Region

Copy to Claimant

DOF Revised 2005