

# ATLANTA PUBLIC SCHOOLS

## CERTIFICATION OF LOSS

**INSTRUCTIONS:** Complete This Form And Mail To School Detectives Immediately.

Name of School/Site		School Code					
Date of Offense	Date Reported						
<b>To Whom Was Offense Reported?</b> (Check One)		<b>Type Of Offense</b> (Check One)					
<input type="checkbox"/> PRINCIPAL	<input type="checkbox"/> BURGLARY						
<input type="checkbox"/> SCHOOL DETECTIVES	<input type="checkbox"/> LARCENY						
<input type="checkbox"/> ATLANTA POLICE DEPARTMENT	<input type="checkbox"/> ATTEMPTED BURGLARY						
<input type="checkbox"/> OTHER	<input type="checkbox"/> THEFT BY TAKING (Including Mysterious Disappearance)						
		<input type="checkbox"/> OTHER					
Who discovered this loss?	Title						
Who closed building prior to violation?	Name	S. S. #					
Who first opened building afterwards?	Name	S. S. #					
<b>What Measures Taken To Safeguard Property?</b>		<b>Give Location Of The Stolen Property</b>					
<input type="checkbox"/> Covered By Alarm	<input type="checkbox"/> Room						
<input type="checkbox"/> In Locked Room	<input type="checkbox"/> Kitchen						
<input type="checkbox"/> In Vault	<input type="checkbox"/> Portable						
<input type="checkbox"/> Other	<input type="checkbox"/> Media Center						
Was Alarm Activated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Main Office				
		<input type="checkbox"/> Other					
<b>LIST ITEMS LOST/STOLEN BELOW</b>							
QTY.	DESCRIPTION	MFR.	MODEL NO.	SERIAL NO.	APS BAR CODE NO.	UNIT PRICE	TOTAL AMOUNT
Notes/Comments							
Principal's/Dept. Head's Signature						Date	

