

County of Henrico, Department of Finance, Risk Management Division ADDITIONAL PROPERTY/EQUIPMENT FORM

PROPERTY/EQUIPMENT INFORMATION (Complete if a building, equipment, or other property was damaged/	(lost)
Type of Property/Equipment damaged/lost:	
Serial/Model #: Est. Cost to Repair/Repla	ce:
Description of Damages:	
Is the property/equipment County/HCPS owned? YES NO	
If yes, Assigned Division/School:	
If no, Registered Owner's Name: Phone #: _	
Address:	
RESPONSIBLE PARTY INFORMATION	
If County/HCPS owned, was the damaged caused by someone else? YES (If yes, complete section below)	NO
Name: Phone #:	
Address:	
Insurance Company: Phone #:	
If a minor, Legal Guardian's Name: Phone #:	
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INTER-OFFICE RISK MANAGEMENT **FAX** 804-501-5663

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