



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/Replace: _____

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: _____

Insurance Company: _____ Phone #: _____

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 #: _____

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/Replace: _____

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: _____

Insurance Company: _____ Phone #: _____

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 #: _____

INTER-OFFICE
RISK MANAGEMENT

FAX
804-501-5663

EMAIL
RMMAIL@HENRICO.GOV