

Keenan

PROPERTY CLAIM FORM

DISTRICT

Name: _____

Address: _____

Date of Loss: _____

CONTACT

Name: _____

Title: _____

Phone: _____

☐ a.m.

Time: _____ ☐ p.m.

LOSS LOCATION

Site Name: _____

Site Contact: _____

Address: _____

Phone: _____

Type of Loss: Fire ☐ Theft ☐ Lightning ☐ Hail ☐ Water ☐ Wind ☐

Other ☐ (Explain) _____

Description of Loss & Damage: _____

In the event of theft or vandalism, please provide the following:

Police or Fire Dept. to which reported _____

Report # _____.

Suspect(s) apprehended by police? Yes ☐ No ☐

Neighborhood area canvassed for witnesses/suspects? Yes ☐ No ☐

We Tip Posters used to locate/identify suspects? Yes ☐ No ☐

Completed by: _____ Date: _____

*Fax completed form to:
Keenan & Associates, PLCA
(310) 212-6847 – Torrance
(510) 986-6756 – Oakland*