

Franklin County Technical School

Lost, Stolen, Damaged Property Report

As soon as you are aware of a lost/stolen/damaged item, please complete this form and submit to the Business office.

Date: _____

Student name: _____

Student ID: _____

Graduation year: _____

Please circle one: Lost Stolen Damaged

Other: _____

Description and number (if applicable) of item(s):

Cost: \$ _____

Staff Signature: _____

****A student bill is generated when this form is submitted. If a student returns an item to you and a bill was generated, the Business Office MUST be notified so the bill may be adjusted****

Business Office Use	
Parent name:	_____
Billing Address:	_____
