

Franklin County Technical School

Lost, Stolen, Damaged Property Report

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: _____

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

Business Office Use	
Parent name:	_____
Billing Address:	_____
