



Report of Property Damage  
Insured Name: **Diocese of Arlington**

Diocesan Location: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Person Reporting: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_  
MM/DD/YYYY

Date Damage Occurred: \_\_\_\_\_ Time Damage Discovered: \_\_\_\_\_  
MM/DD/YYYY

Location of Damage: \_\_\_\_\_  
(e.g., rectory, kitchen, gym, science classroom)

Were photos taken?  YES  NO (For damage in excess of \$5,000 please take photos)

Police Report Number: \_\_\_\_\_ (Police report **required** for theft or vandalism)

Describe Incident:

Describe Building and/or Contents Damage:

Name of Person Completing Report: \_\_\_\_\_

Title of Person Completing Report: \_\_\_\_\_

Contact Phone Number (include area code): \_\_\_\_\_

Signature of Person Completing Report: \_\_\_\_\_

Special Instructions:

- Please proceed with emergency repairs needed to prevent further damage.
- Obtain two estimates for all non-emergency repairs, unless prior approval is granted.

RETURN TO RISK MANAGEMENT  
[riskmanagement@arlingtondiocese.org](mailto:riskmanagement@arlingtondiocese.org)  
FAX: 703-778-9118