

DAMAGE INVENTORY REPORT

CLAIMANT: _____

*ATTACH COPIES OF SUPPORT DOCUMENTS WHICH INCLUDE:
DATE OF PURCHASES, STORE OF PURCHASES, BRAND NAME, COPIES OF RECEIPTS

NO.	DESCRIPTION	COST NEW	AGE	MUNICIPALITY USE ONLY

TOTAL: _____

TOTAL CLAIM: _____

PREPARED BY: _____

DATE: _____

ADDRESS: _____

PHONE: _____