

**ATLANTA PUBLIC SCHOOLS  
IT ASSETS DEPARTMENT  
CERTIFICATION OF LOSS FORM**

**INSTRUCTIONS**

1. **For theft or loss**, form must be submitted to the IT Hardware Asset Management Department at [ithardwareassetmgt@atlanta.k12.ga.us](mailto:ithardwareassetmgt@atlanta.k12.ga.us) and Ellen Fitzgerald - Crime Analyst for Safety and Security at [eafitzgerald@atlanta.k12.ga.us](mailto:eafitzgerald@atlanta.k12.ga.us), along with Police Report immediately.
2. **Loss will not be recorded without Police Report.**
3. **\*For total loss damage**, form must be submitted to IT Hardware Asset Management Department at [ithardwareassetmgt@atlanta.k12.ga.us](mailto:ithardwareassetmgt@atlanta.k12.ga.us), *police report not needed. \*Unrepairable damage resulting in a loss to the district*
4. Contact Bernadette Peterson @ **ext. 2481** in the IT Assets Department with any questions.

School/Department _____	Principal/Department Head _____
Date of Offense: _____	Date Reported _____

<p><b>To whom was offense reported?</b></p> <p>(Check One)</p> <p><input type="checkbox"/> PRINCIPAL</p> <p><input type="checkbox"/> SCHOOL DETECTIVES</p> <p><input type="checkbox"/> ATLANTA POLICE DEPT.</p> <p><input type="checkbox"/> OTHER</p>	<p><b>Type of offense reported?</b></p> <p>(Check One)</p> <p><input type="checkbox"/> BURGLARY</p> <p><input type="checkbox"/> ATTEMPTED BURGLARY</p> <p><input type="checkbox"/> LARCENY</p> <p><input type="checkbox"/> THEFT BY TAKING <i>(Including Mysterious Disappearance)</i></p> <p><input type="checkbox"/> DESTROYED BY FIRE</p> <p><input type="checkbox"/> TOTAL LOSS DAMAGE</p> <p><input type="checkbox"/> OTHER (Specify) _____</p>
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**Who discovered this loss?** \_\_\_\_\_ **Title** \_\_\_\_\_

<b>Who closed building prior to violation?</b>	<b>Who first opened building afterwards?</b>
Name: _____	Name: _____

<p><b>What Measures Were Taken To Safeguard Property Taken?</b></p> <p><input type="checkbox"/> Covered By Alarm System</p> <p><input type="checkbox"/> In Locked Room</p> <p><input type="checkbox"/> In Vault</p> <p><input type="checkbox"/> Other _____</p> <p><b>Was Alarm Activated?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Give Location of The Stolen/Damaged Property</b></p> <p><input type="checkbox"/> Room _____</p> <p><input type="checkbox"/> Kitchen _____</p> <p><input type="checkbox"/> Portable _____</p> <p><input type="checkbox"/> Media Center _____</p> <p><input type="checkbox"/> Main Office _____</p> <p><input type="checkbox"/> Other _____</p>
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QTY.	DESCRIPTION	MFR.	SERIAL NO.	LAWSON ASSET NO.	APS BAR CODE NO.	UNIT PRICE	TOTAL AMOUNT

Estimated Value of Stolen/Damaged \_\_\_\_\_ (To be completed by IT Assets Department)

**Notes/Comments:** \_\_\_\_\_

Principal / Department Head's Signature _____	Date _____
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