

JACKSON PUBLIC SCHOOL DISTRICT
LOST OR STOLEN PROPERTY AFFIDAVIT

SCHOOL/DEPARTMENT

ADDRESS

ADDRESS

Location of Property: _____ Date: _____

<u>Description</u>	<u>Inventory/Serial Number</u>	<u>Police/Sheriff Report Number</u>	<u>Date Purchased</u>	<u>Item's Cost/Value</u>	<u>Fee Assessed</u>
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*If you have more than one item please list the items (along with corresponding details) on a separate sheet of paper and attach to this form.

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the local law enforcement office notified and the date the loss was discovered. If such loss was not reported to a local law enforcement office at the time of the discovery, give a complete explanation of such failure.) Attach copies of police reports, if applicable.

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Principal/Director (sign)

Printed Name

Date

Employee Responsible for Property (sign)

Printed Name

Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hinds County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20_____.

Notary Public

This document has been reviewed and approved by _____.
Superintendent

Board Actions: () APPROVED () DISAPPROVED

Date of Board Decision: _____

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