MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 Carlotta Drive
Concord, California 94519-1397

PROPERTY DAMAGE REPORT

Date _____

To _____
(Parent/Guardian)

Address _____

_____

Phone _____

Form to be completed and distributed as follows:

Original	–	Home
Canary & Pink	–	Maintenance (Attach Work Request)
Goldenrod:	–	School

A billing for property damage attributable to _____ will be forwarded
(Name of Student)
to you by our Fiscal Services Department for damages as follows:

Date _____ **School Site** _____

Description of Damage

_____

_____

_____

Actual costs of repairs will be determined by our Maintenance Department upon completion of the work. Please be advised that you are responsible for payment of the above-listed damages. After receipt of the billing, your prompt payment will be expected. Thank you for your cooperation.

_____
(Site Administrator's Signature)

(TO BE COMPLETED BY SITE ADMINISTRATOR)

Percent of the total repair costs are chargeable to the above student: _____ (100%, 50%, etc.)
If more than one student is responsible for this damage, attach ***all*** applicable Property Damage Reports to the Maintenance Work Request for repair of damages.

If damages are to a "fixed asset," list engraved/assigned tag number: _____

(FOR MAINTENANCE USE ONLY)

Craft(s) _____

Date Repairs Completed _____

Code _____

Labor Cost $ _____

Material Cost $ _____

Total Cost: $ _____

_____
(Maintenance Supervisor's Signature)