



REPORT OF LOSS TO STATE-OWNED PROPERTY

FOR STATE AGENCY USE ONLY

Agency Name:	GEORGE MASON UNIVERSITY		
Date Reported:		Time:	Agency Code: 247

LOSS DATA

Date:		Time:	
Kind of Loss:			
Location:			
Estimate of loss:			
Description of loss/damage:			

FOR INFORMATION, CONTACT

Name:		Title:	
Address:			
Local Phone Number:		Fax:	

REPORTED BY

Name:	JOYCE M. FRENCH	Title:	UNIVERSITY RISK MANAGER
Address:	4400 UNIVERSITY DRIVE, MSN 6D6, FAIRFAX, VA 22030		
Local Phone Number:	703-993-2599	Fax:	703-993-2339

COMMENTS
