

CLEVELAND STATE UNIVERSITY
INSURANCE PROPERTY CLAIM FORM (CON'T)

Provide a description of the equipment lost

If claim requires in-house work by Facilities (repair, cleanup, etc...), please provide the
Facilities Management Service Request

Number _____

COMMENTS:

REPORT PREPARED BY: _____ DATE: _____
(SIGNATURE)

Return completed form to:

Phone: 216-
Email: