

ST. JOSEPH  
DAMAGE REPORT

Location \_\_\_\_\_  
(please print)

Date of Damage \_\_\_\_\_ Time of Damage \_\_\_\_\_ am/pm

Individual(s) Responsible for Damage

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Witness to Damage \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Description of  
Damage \_\_\_\_\_

Location of Damage \_\_\_\_\_

Explanation of How Damage Occurred \_\_\_\_\_

(If necessary, use reverse side for additional information.)

Signature of Monitor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Facility Superintendent \_\_\_\_\_

Signature of Pastor \_\_\_\_\_

Comments of Pastor \_\_\_\_\_

OFFICE USE ONLY

Received By \_\_\_\_\_ Date \_\_\_\_\_