

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 _____