

**MONTGOMERY COUNTY GOVERNMENT, RISK MANAGEMENT
1 MILLENNIUM PLAZA, SUITE 111, CLARKSVILLE, TN 37040
Telephone Number: (931) 648-5715 Fax Number: 920-1816**

**GENERAL LIABILITY ACCIDENT REPORT
(PROPERTY LOSS)**

Loss/Occurrence
Report Number

Date of Loss ___/___/___ Time of Loss _____ AM ___ PM ___

Department _____

- Contact:
 Department Supervisor
 The Following:

Name and Address

Business Phone (No.& Ext.)	Fax Number
() _____	() _____

Location of Loss:

Kind of Loss: Fire Theft Lightning Hail Flood Wind Other (Explain)

Description of Loss Damage (Use separate sheet if necessary)

Remarks

Reported By: _____ Title: _____ Department: _____