Resident Personal Property Damage Claim Form

Per the Flagler College Residence Hall Policy Contract, the College is not responsible for theft or damage to a student’s personal property or belongings. It is strongly recommended that all students purchase renter’s insurance to cover damage or loss of personal property. If you would like to request an exception to this policy please complete the form below.

Resident Name: ____________________  Resident Phone #: __________________

Residence location (where damage occurred): Building ______  Room # ______

Date of damage: _______________  Date form submitted: _______________
(Must be within 48 hours of damage)

If previously reported, when and to whom? ________________________________

Briefly describe the circumstances related to the damage occurring:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Is this loss covered by your or your parents’ insurance?  Y   N  (circle one)
DEPARTMENT OF STUDENT SERVICES  
OFFICE OF RESIDENCE LIFE

List items damaged, and give repair or replacement cost:

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<thead>
<tr>
<th>Item Description</th>
<th>Estimated Cost</th>
<th>Repair or Replace</th>
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Total Claim Cost: $________________

Please attach relevant documentation such as cleaning/repair receipt(s), receipt(s) for replaced item, photographs, etc.

Certification: I understand that my signature below certifies that all information is true and correct to the best of my knowledge. I further understand that any false or misleading information will result in cancellation of this claim.

_________________________  _______________________
Signature                        Date

_________________________________________
Print Name