Incident / Damage Report

Community: _____ Report ID: _____

Date of Incident: _____ Report Date: _____

Time of Incident: _____ Unit #: _____

Resident Name: _____ Address: _____

Phone Number: _____ City, State, ZIP: _____

Email Address: _____

Description of Incident:

Caused by: _____ Repaired by: _____

To Be Invoiced:	Amount:
Material:	
Labor:	

_____ _____ _____ _____

Signature *Printed Name* *Position* *Date*

Attach copies of any bills available to you at this time. If estimate, please note.

Date Resident billed: _____ By: _____

Date Resident billed on A/R Card: _____ By: _____

Copy:
- ☐ Resident Profile
- ☐ Regional Mgr
- ☐ Portfolio Director
- ☐ DOFM
- ☐ Facilities Mgr
- ☐ Risk Mgt
- ☐ A/P Manager
- ☐ A/R
- ☐ Job Cost
- ☐ Renter's Insurance Claim Required
- ☐ Auto Insurance Claim Required

Approved By: _____ Date: _____

Insurance Claim Required

Insurance Carrier: _____

Policy Number: _____

Agent: _____

Contact #: _____

Email: _____

FOR OFFICE USE ONLY