## Wayne County School District 810 CHICKASAWHAY STREET Form FA-F

**WAYNESBORO, MS 39367** 

## LOST OR STOLEN PROPERTY AFFIDAVIT

| LOCATION OF PROPERTY  | DATE OF REPORTED LOSS                     |                       |                    |                       |
|---|---|-----------------------|--------------------|-----------------------|
| SCHOOL  | WING/BUILDING                             |                       | ROOM               |                       |
| <u>DESCRIPTION</u>  |   | FIXED ASS             | FIXED ASSET NUMBER |                       |
|   |   |                       |                    |                       |
| DETAILED EXPLANATION OF LOSS: Inotified and the date the loss was discovered complete explanation of such failure. Attack | d. If such loss was not reported to local | law enforcement at th |                    |                       |
| Police Report Number (if applicable)  |   |                       |                    |                       |
| WE HEREBY STATE UNDER OATH THAT T   | HE ABOVE FACTS ARE TRUE AND COI           | RRECT TO THE BEST (   | OF OUR KNOWLEDGE.  |                       |
| BOARD PRESIDENT   |   |                       | Date               |                       |
| SUPERINTENDENT  |   |                       | Date               |                       |
| BUILDING ADMIN / PRI  | NCIPAL                                    |                       | Date               |                       |
| BUILDING FIXED ASSET  | Γ COORDINATOR (BFAC)                      |                       | Date               |                       |
| EMPLOYEE RESPONSIB  | LE FOR FIXED ASSET                        |                       | Date               |                       |
| THIS DATE PERSONALLY APPEAR<br>the State of Mississippi, the above nam<br>true and correct to the best of their known     | ed individuals, who, being first duly     |                       |                    | inty, in<br>Facts are |
| GIVEN UNDER MY HAND AND OF  | FICIAL SEAL, this the                     | day of                | , 2                |                       |
|   | ===                                       |                       |                    |                       |
|   | No  | otary Public          |                    |                       |

## **DISTRIBUTION / FILING INSTRUCTIONS**

1 – ORIGINAL – DFAC (ATTACH COPY OF POLICE REPORT/FORM FA-C)

2 – COPY – BFAC FILE