



Office of Risk Management

Academic/Administrative Building

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CLAIM/LOSS AFFIDAVIT

THIS INFORMATION IS NECESSARY TO EVALUATE LOSSES CLAIMED AND POSSIBLE LIABILITIES RELATIVE THERETO; PROVIDED, HOWEVER, THAT ACCEPTANCE OF THIS INFORMATION SHALL NOT BE DEEMED AS CREATING ANY OBLIGATIONS HEREUNDER.

NAME _____ TELEPHONE NO. _____

hereby makes claim for:

STREET _____ CITY and STATE _____

_____Property Damage
_____Other _____

as more fully set forth and described below, in the amount of \$_____, and alleges that said loss occurred on or about _____ 2006 and was discovered on _____ in the following described manner (describe in detail):

Per WSU Police Report # _____

DESCRIPTION OF ITEMS CLAIMED	(WHEN ACQUIRED)	(COST)	AMOUNT CLAIMED	
(ATTACH INVOICES OR ESTIMATES TO FORM)				
Loss		TOTAL		

I/WE CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT AND ARE WILLING TO SO TESTIFY AS TO SAME, UNDER OATH, IF CALLED UPON BY WAYNE STATE UNIVERSITY OFFICE OF RISK MANAGEMENT, OR IN A COURT OF LAW.

Subscribed and sworn to before me
this _____ day of _____, 20_____

By _____
Signature

Printed Name

Date _____

NOTARY PUBLIC

My COMMISSION EXPIRES: _____
STAMP: