

Alaska Division of Risk Management
Property Reporting Form for Leased and State-Owned Facilities

<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Delete
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Property Number _____ (for changes/deletions)

Property Description:	Square Footage/#Stories:
Original Cost:	Construction Type:
Replacement Cost:	Foundation Type:
Date Built/Acquired:	Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No - Heated: <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	Zip Code:

Percent of Building Occupied: _____
Department # _____ **Division #** _____

Street Address: _____

Explanation of Change or Deletion:

Authorized Department Requestor Name: _____ **Telephone No.:** _____ **Date:** _____

Send completed form to: Sheri Gray, Risk Manager – sheri.gray@alaska.gov or if any questions call 465-5724.