# FIRST NOTICE OF PROPERTY LOSS

VCJPA
1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833

**SUBMIT COMPLETED FORM TO:**

VCJPA, Attn: Harmik Ebrahimi, via email: harmik.ebrahimi@sedgwick.com

**All property losses must be reported as soon as practicable upon knowledge of a loss.**

*For questions, please contact Harmik at 916.244-1130*

**1. TODAY'S DATE:** _____

**2. TYPE OF CLAIM (check all that apply):** ☐ **Real Property** ☐ **Personal Property** ☐ **Other**

**3. DISTRICT NAME/CONTACT INFORMATION:**

Vector Control Joint Powers Agency (VCJPA) and its Member:

District: _____ Address: _____

Point of Contact: _____ _____

Phone #: _____ Email: _____

**4. LOSS INFORMATION:**

Date of Incident: _____ Location of Loss: _____

Probable amount of loss (if known): $_____ _____

_____

**5. DESCRIPTION OF LOSS AND DAMAGE:**

_____

_____

_____

**6. LIST ANY ATTACHED DOCUMENTATION:** ☐ **(check if none)**

_____

_____

Name of Person Completing This Form:

_____ _____