

Property Claims Reporting Sheet

Arkansas Municipal League

P.O. Box 38

North Little Rock, Ar. 72115

Ph. 501-978-6123 – Fax 501-978-6562- Linda Montgomery or Sabra Bland

Date of Loss _____

City's Name _____

Contact person with the City. Name and Phone # _____

What happened? _____

Which building was damaged and the physical address.

Where is the damage on the building?
