

UNIVERSITY of WISCONSIN
LA CROSSE
 Art Loss Report Form

Exhibitor:	Name: _____ Phone: _____ Address: _____ <small>(Street) (City) (State) (Zip)</small>
Exhibit Information:	Title: _____ Location: _____ Exhibit Dates: _____ Hours: _____
Art Work Identification:	Title: _____ Was the item for sale? Yes _____ No _____
Description of Loss:	Date of Loss: _____ Time: _____ AM / PM How was the item secured in exhibit? _____ _____ If stolen, to which enforcement agency was this reported? _____ _____ When? _____ Full description of loss (if stolen, also state the time and place item was last seen before discovered missing). _____ _____ _____
General Information:	<p style="text-align: center;">➤ ATTACH A COPY OF THE POLICE REPORT FOR VANDALISM OR THEFT</p> Provide proof of awards, prizes, or previous sales the artist has received Information: to substantiate value of item lost. _____ _____
Signatures:	Exhibitor (if available): _____ Date: _____ Director of Exhibit: _____ Date: _____

Date of Report: _____ Signature: _____ Department: _____

Return Form To: Risk Management Office,
 118 Graff Man Hall , 1725 State Street La Crosse WI 54601
 608.785.8569