



MVCS iPad

LOSS REPORT

I, _____, affirm that:

1. This is my barcode # _____

2. My address is _____

3. Date of Incident: ____/____/____ Location of Incident: _____

Description of Incident: (What happened?) _____

By signing, I agree that the above statements are true and correct to the best of my knowledge.

Print Parent Name: _____

Parent Signature: _____

Parent Email: _____

Parent Contact #: _____

Claims Information: Laura Kusanovich LauraKusanovich@mvcs.org

Claims Department: (831) 722-8178 ext. 163