

**UNIVERSITY OF NEBRASKA ARDC
VANDALISM/THEFT REPORT FORM**

Date and Time of Discovery _____ at _____ a.m/p.m.

Discovered by Whom _____

Specify Location(s) Where Occurred (section, departmental area, building, field, etc.)

Date(s) Occurred (list all possible dates) _____

Description of Damage _____

Dollar Estimate _____

Name of person completing this form _____

Person's Department _____

Date Report Completed _____

Notification Checklist

Please "X" if already completed

___ ARDC Headquarters notified
Date notified _____

___ ARDC Security notified
Date notified _____

___ Saunders Co. Sheriff notified
Date notified _____

___ UNL Police notified
Date notified _____