VEHICLE GLASS REPAIR / REPLACEMENT LOSS NOTICE

AGENCY'S NAME				COMPLETE IF DIFFERENT FROM AGENCY NAME VEHICLE OWNER'S NAME	
Southeastern Louisiana University ADDRESS					
SLU 10452				ADDRESS	
Hammo	nd, LA 70402				
	PERSON'S NAME		PHONE NUMBER		
Jeremy Brignac DATE OF BREAKAGE TIME		LTIME	[985] 549-2157	WORK BLIONE	LIOMEDIANE
DATE OF	BREAKAGE	TIME AM	DATE REPORTED	WORK PHONE	HOME PHONE
REPORTED TO PHONE NUMBER			PHONE NUMBER	LOCATION OF VEHICLE	- [] -
LOCATION CODE		CHECK ONE			
5220		☐ STATE VEHICLE	□ OTHER		
				INFORMATION	
YEAR	MAKE	MODEL	BODY STYLE	LIC. / EQUIPMENT NO.	VIN
DID BRE	AKAGE OCCUR	☐ YES	MOTOR VEHICLE ACCIDENT	☐ YES	☐ GLASS DAMAGED
	ACCIDENT	□ NO	REPORT ATTACHED	□ NO	☐ REPLACEMENT ☐ REPAIR
DESCRIBE HOW BREAKAGE OCCURED					
DAMAGED AREA INSPECTED BY				PHONE NUMBER	DATE
DAINNOLD AIRLA INGI EGTED BT				F 3	
					- 1 1
IF WIN	DSHIELD, CII	RCLE THE TYPE	OF DAMAGE AND INDICATE	LOCATION ON DIAGR	AM
		st.			
1. STAR BREAK *					
0	DULLIGEV	-			
2.	BULL'S EY	E 📵			
3	HALFMOO	N A			
J.	TIALI MOO		/		NON-CRITICAL
4.	CRACKED	>	/		NON-CHITICAL
		>		ACUTE	
5.	PITTED			ACOIL	
6.	SHATTERE	D		DRIVER	
COMMENTS					
CICNATI		DDECENTATIVE			DATE
SIGNATURE OF AGENCY REPRESENTATIVE					DATE
					1 1