

HILLSBORO CITY SCHOOL
PROPERTY DAMAGE FORM

Building _____ Area _____ Bus# _____

Date of incident _____

Name of person(s) responsible for damage _____

Name(s), Address and phone# (of custodial parent if student) _____

Description of damage _____

Name(s) for clean-up _____

Number of hours (each person) for clean-up _____

Cost of materials for clean-up _____

Names(s) for repair _____

Number of hours (each person) for repair _____

Cost of materials for repair _____

Administrator signature _____

Send completed form to Central Office for billing.