



Greenbox Protection Plan
Customer's Report of Loss Form

Today's Date: _____	Facility Name: _____
Your Name: _____	Unit Number: _____
Address: _____	Police Report Number: _____
Phone Number: _____	Where Report Filed: _____

1. Cause of Loss. Was your property damaged by one or more of the following? Please check all that apply.

- Fire, Explosion, or Smoke.
- Theft, Vandalism, or Malicious Mischief.
- Roof Leak or Water Damage.
- Windstorm that first causes damage to the building.
- Collapse of the building where the property is stored.
- Impact of aircraft, missile, or vehicles.
- Other, please explain: _____

2. Please explain what you believe happened to your property.

3. When do you think the damage happened? Try to be as specific as possible, but a time range is OK. _____

- a. When did you last visit the unit? _____
- b. When did you discover the loss? _____

List of Damaged or Stolen Property

THIS SECTION TO BE COMPLETED BY TENANT IMMEDIATELY FOLLOWING THE LOSS		THIS SECTION TO BE COMPLETED BY TENANT ONLY UPON REPAIR OR REPLACEMENT OF ITEMS		
Item	Amount of damage	Amount spent to repair	Amount spent to replace	Receipt?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL	\$	\$	\$	