



C LARKSDALE MUNICIPAL SCHOOL DISTRICT
Education of our Children: **TOP PRIORITY!**

Asset Form E

LOST OR STOLEN PROPERTY AFFIDAVIT

**Clarksdale Municipal School District
P.O. Box 1088
101 McGuire Street
Clarksdale, MS 38614**

Location of Property: _____ **Date of Report:** _____

School/School #: _____

Bldg #: _____

Room #: _____

<u>Description</u>	<u>Asset #</u>	<u>Police/Sheriff Report #</u>	<u>Date Purchased</u>	<u>Cost or Value</u>
--------------------	----------------	--------------------------------	-----------------------	----------------------

Detailed explanation of loss: In case of theft, robbery, or mysterious disappearance, show the name of the local law enforcement office notified and the date loss was discovered. If such loss was not reported to a local law enforcement office at the time of discovery, give a complete explanation of such failure. Attach copies of police reports, if applicable.

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board President _____ **Date** _____

Principal/Director _____ **Date** _____

Emp Responsible for Asset _____ **Date** _____

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 2_____.

Notary Public