

State of Wisconsin
Department of Administration
Division of State Agency Services
DOA-6740 (C04/2001)

Please return to:
Risk Management
21 N. Park Street, Suite 5301
Madison, WI 53715
FAX 608-262-9082

Lightning Losses Affidavit

Date _____

To Risk Management: _____

I inspected and/or repaired this damaged item: _____

Model Number: _____ Serial Number: _____ Year/Model: _____

Date of Purchase: _____ Purchase Price: _____ Size? _____

Place Purchased: _____

Owned by (Dept name): _____

Campus Address: _____

Date of Loss: _____ Time of Loss: _____ AM
PM

Are damaged item(s) available for inspection? Where? _____

If not, why? _____

This damage was solely due to lightning and no other cause whatever because: _____

Signature of Repair Person _____

Print Name of Repair Person _____

Firm Name _____

Firm Address (Street, City & State) _____