

COUNTY PROPERTY Claim Form

Send Form To: Mark Mckinney

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Please attach any police reports or other documents which are available

Member/Department:		
Contact:	Work#:	Cell#:
Property Description:		
Property Address:		
Date/Time of Incident:		
Incident Description:		
Estimate of Loss: Building:	Contents:	
Witness:		
Address:		
Work#:	Cell#:	
Completed By:	Phone #:	Date: