

Lost and Found claim Form

Name

Last Name

Email

Phone

Location

Email

Item Type

Purpose of contract

☐ Lost Items

☐ Found Items

Description

Date did you lose/find

City/State/Zip

Description

I _____ of ID Number

hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may result in the forfeiture of any claim made.

Signature: _____ **Date:** _____

Please submit this completed form to the [Lost and Found Department] at [Location]. You can also contact the Lost and Found Department at [Phone Number] or [Email Address] for further assistance.