

W&J CAMPUS AND PUBLIC SAFETY

60 South Lincoln St., Washington, PA 15301

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LOST PROPERTY FORM

First name:		Last name:		
Phone number:				
Email address:				
I am:	Student	Faculty	Staff	
Description of lost item(s	s):			
Location item(s) most lik	ely lost:			
Date item(s) most likely				
Email the comp	oleted form to cps@w	ashjeff.edu or submit	in person at the CPS office	;
CPS USE ONLY				
Date form received:	form received: Date property found:			
Report number: Property receipt completed:				
Owner notified by:	Telephone	Text	Email	
Date of notification:	Date property returned:			