UNION COUNTY
SCHOOL DISTRICT

Building The Future One Child At A Time

CAPITAL ASSET LOST OR STOLEN PROPERTY AFFIDAVIT

LOCATION OF ASSETS:

SCHOOL _____ BUILDING _____ ROOM NO. _____

Description	Tag No.	Serial No.	Brand Name	Date Purchased	Cost/Value

Briefly state the conditions associated with the disappearance of the missing asset.
_____
_____
_____

TO BE SIGNED IN THE PRESENCE OF NOTARY
I HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ _____
Signature of Teacher/Employee 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 individual, 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 _____, _____.

_____ _____
Notary Public Date

Disposition of this property shall be recorded in the minutes of the Union County Board of Education.

_____ _____
Signature of President, Union County Board of Education Date