



West Mifflin Area School District

Lost/Stolen Item Report

Name: _____

Date: _____

Time: _____

When was your item lost/stolen (class period/time)? _____

What was the item stolen? _____

Where was your item stolen from? _____

What is the approximate value of your item? _____

When was the last time you saw your item? _____

Was there a lock on your locker and/or completely locked? _____

Any other pertinent information?

