



NEVADA SYSTEM OF HIGHER EDUCATION
PROPERTY REPORTING FORM
Fiscal Year: 7/1/___ - 7/1/___

ADDITIONS

Location No. _____

Exact Location of Insured Property: _____

Acquisition Date: _____

Street Address: _____

City, State, Zip: _____

Occupancy: _____

Construction: ___ Reinforced Concrete ___ Tilt Up ___ Steel Frame
 ___ Wood Frame ___ Masonry ___ Metal

Gross Square Footage:

Year Built:

Sprinkled:

Replacement cost of:

Buildings - \$ _____

Contents - \$ _____

Other (Describe) - \$ _____

DELETIONS

Location No. _____

Location of Property to be deleted: _____

Street Address: _____

City, State, Zip: _____

Deletion Date: _____