## DOA - State Property Office & DOI - Risk Management Property Reporting Form

(Dual Reporting for DOA and DOI)

Department or University Division						
Department/Division #		Complex #	Asset #	(if assigned)		
<b>Building Name</b>	Stree	t Address				
City County Zip Code - (Please provide zip code for the building location, not for the mailing address)						
Your Name Phone # ( ) - Ext Email						
New Building Acquisition Renovation Addition Lease Demolished (Check appropriate category. If more than one category is checked, please explain)						
New Building:	: Date Accepted by State Year Constructed Construction Cost \$					
Acquisition:	` ,					
	Method of Acquisiti		_	Construction Purchase Lease/Purchase Condemnation Donation Transfer Other		
	Date of Acceptance Renovation Type (c	, ,	y) Renovation Cost Add space ☐ Re	enovation Cost dd space ☐ Reduce Space ☐ Expanded Rooms ☐None ☐		
	Increased Gross So Increased Net Sq. I			Decreased Gross Sq. Ft. Decreased Net Sq. Ft.		
Main Use(s) of Building (e.g., office, dormitory, automobile maintenance, furniture storage, produce sales, laboratory, etc.) Building Occupants						
Gross Sq. Ft. Net Sq. Ft. National Register of Historic Places: Yes No						
Total # of Floors Floors Above Ground Floors Below Ground						
Fire Alarm: Yes 🗌 No 📗 Fire Sprinkler System: Yes 🗎 No 🗍 Flood Zone						
(e.g., A, A1, B, C, V, X, etc.)  Fire Department or Fire District (providing primary response)						
Heat System Forced Air Steam Hot Water Resist None Space Heater Electric Gas Fuel Oil Coal Wood Solar Other Chiller Central Window None						
Roof Construction Floor Construction Exterior Wall Construction						
Insurance Coverage						
Dept/Div #	Coverage For (Bldg or Conts)	Funding (Gen. or Spec.)	(Fire, EC, VMM, "Al	of Coverage I Risk"(Special), "All Risk" ters/Misc), etc.)	Replacement Value (\$)	
			+			