



**INCIDENT REPORT**  
(TO BE FILLED OUT BY TENANT)

Tenant's Name \_\_\_\_\_

Address \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of incident \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ PERSONAL PROPERTY DAMAGE OR LOSS

\_\_\_\_ DAMAGE TO PREMISES

\_\_\_\_ VEHICLE DAMAGE

\_\_\_\_ INJURY TO PERSON(S)

Detailed description of event, loss etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost estimate of damage/loss \$ \_\_\_\_\_

Witnesses to damage/loss:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

I hereby swear that the statement I have made regarding the aforementioned incident is true.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

**Please fax to 407-578-1715 or email to [info@rentcare.net](mailto:info@rentcare.net)**