

\_\_\_\_\_  
Name of Institution

P.O. Box 6177  
Address

MS State, MS 39762  
Address

**LOST, STOLEN OR MYSTERIOUS DISAPPEARANCE PROPERTY AFFIDAVIT**

Department: \_\_\_\_\_

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

Description	Model	Serial Number	Mfg	Purchase Date	Inventory Number	Current Cost
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**Detailed Explanation of Loss:** (in the case of theft, robbery or mysterious disappearance, show the name of the law enforcement agency notified and the date the loss was discovered. If such loss was not reported to a law enforcement agency at the time of the discovery, give a complete explanation of such failure.)

Investigating Police Department: \_\_\_\_\_

Case Number: \_\_\_\_\_

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Responsible for Property

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for \_\_\_\_\_ County, in the State of Mississippi, the above named individuals, who, being first duly sworn 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 \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public