

SCHOOL BOARD OF ST. LUCIE COUNTY

TRANSPORTATION DEPARTMENT

VANDALISM REPORT

DATE HAPPENED: _____

BUS NUMBER: _____

DRIVER S NAME: _____

ITEM VANDALIZED OR MISSING: _____

LOCATION WHEN VANDALIZED: _____

SERIAL OR PROPERTY NO. _____

DATE REPORTED: _____

PERSON OR AUTHORITY REPORTED TO: _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY!

COMPANY _____

INVOICE NO. _____

PARTS COST: _____ LABOR COST: _____

*PLEASE FILL OUT WORK ORDER ON ABOVE
RETURN BOTH COPIES TO THE PARTS ROOM

TRA0020

White:

Canary: