

**DEPARTMENT OF WILDLIFE, FISHERIES, & PARKS**

1505 Eastover Drive  
Jackson, MS 39211-6374

**LOST OR STOLEN – PROPERTY AFFIDAVIT**

Location of Property: \_\_\_\_\_

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

Description:	Inventory No:	Date Purchased:	Cost or Value:
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Detailed Explanation of Loss: (In case of theft, robbery, or mysterious disappearance, list name of law enforcement agency notified and the date the loss was discovered. Be sure to attach a copy of the police report to the Incident Report. . If such loss was not reported to a law enforcement agency at the time of the discovery, give a complete explanation of such failure.)

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

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

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

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

\_\_\_\_\_  
Supervisor

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

\_\_\_\_\_  
Program Director or Administrator

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

I HEREBY STATE THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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

\_\_\_\_\_  
Property Officer, Asset Management

NOTE: This affidavit should be filed with the Inventory Form "D" and Form 961 the same month the property is removed from agency inventory.

Email form to Property@wfp.ms.gov