

RANGELEY LAKES REGIONAL SCHOOL
LOST OR DAMAGED BOOK FORM

Name of student: _____ . Grade: _____

Name of teacher: _____ Subject: _____

Title of book: _____

Publisher: _____ Copyright date: _____

Lost _____

Damaged _____

To be completed by the Office of the Superintendent

Replacement value: _____

Date paid: _____

Authorized signature: _____