

BOARD OF EDUCATION
517 HAMILTON STREET
HARRISON, NEW JERSEY 07029

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MICHAEL R. PICHOWICZ
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On or about _____, I completed an incident report regarding my student's _____ loss or damage of _____
(Print Name/Grade)
district owned equipment:

Chromebook _____ Mi-Fi Device _____
Chromebook Charger _____ Mi-Fi Charger _____

The actual cost associated with the repair or replacement of district owned equipment is:

Chromebook (\$250) _____ Mi-Fi Device (\$200) _____
Chromebook Charger (\$50) _____ Mi-Fi Charger (\$50) _____

I, _____, agree to repay the Harrison Board of Education the
(Parent First Name, Last Name)
the total sum of \$ _____ for the loss or damage of the aforesaid district equipment issued to my student and the Harrison Board of Education agrees to forego any collection action as long as timely payments are made as set forth.

The following payment plan will apply:

\$ _____ payment due on _____ and/or
\$ _____ for _____ of weeks, starting _____.
(insert weekly dollar amount) (insert # of weeks) (insert date)

****Payment in the form of check or money order should be mailed to:**
Harrison Board of Education, 517 Hamilton Street, Harrison, NJ 07029

Parent Signature: _____ Date: _____

Board of Education Signature: _____ Date: _____