

**Authorization to Submit CO-853**  
**Report of Cf l w u o g p v t q ' U c w g / Q y p g f Real and Personal Property**

The applicable signatures must be obtained prior to submitting the CO-853 to Connecticut's Office of the State Comptroller. Enter the fields below as shown on the accompanying CO-853.

Location of Property Pertaining to Adjustment: \_\_\_\_\_

Date of Discovery: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Adjustment: \_\_\_\_\_

1. Individual Reporting Loss:

\_\_\_\_\_  
Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Department Head:

\_\_\_\_\_  
Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Public Safety:

\_\_\_\_\_  
Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Director of Logistics Management:

\_\_\_\_\_  
Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Controller:

\_\_\_\_\_  
Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. UCHC CFO

(Any type of Fraud, Malfeasance, Losses/Damages in excess of \$10,000.00)

\_\_\_\_\_  
Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_