

# GRAND JUNCTION POLICE DEPARTMENT

555 Ute Avenue  
Grand Junction, CO 81501

## FINANCIAL CRIME REPORTING INSTRUCTIONS

CR# \_\_\_\_\_

The Grand Junction Police Department understands your need to report the crime you have been a victim of as soon as possible. However, without complete and accurate information at the time the report is made to us, the reporting and investigative process is actually slowed down even further. To help you prepare to make your report, we have developed a procedure to help you collect the information needed before the report can be initiated and/or investigated.

If the crime occurred outside Grand Junction city limits, it must be reported to the law enforcement agency within that jurisdiction, per their policy, which may be different from that of the Grand Junction Police Department.

### STEP 1:

Make certain you have notified the pertinent financial institutions, such as your bank, Credit Card Company or any other merchants as appropriate for the crime. The decision to close accounts is a matter between you and your financial institution.

### STEP 2:

From the following pages locate the type of economic crime(s) you need to report and follow the instructions associated with that crime. If you are the victim of more than one of the crimes listed, you must collect information required from each before the report will be accepted. Forms have been provided for your convenience and to ensure the accuracy and completeness of your complaint. Please select the appropriate forms indicated in bold type at each crime listed in this packet.

Each returned packet must contain a completed **Financial Crime Reporting Information Form**.

### STEP 3:

Once you have all the information requested for each crime, you are ready to make a report. Call (970) 242-6707 to ask to schedule an appointment to accept your report. At the appointment bring the requested information, documentation and this completed packet to the Grand Junction Police Department at 625 Ute Ave, at the date and time agreed upon with the officer who will take your report. Due to the complexity of Economic Crimes and the required documentation, these complaints cannot be taken over the phone and must be filed in person.

If you have any questions during this process please contact the Grand Junction Police Department at 970-549-5200.

#### STEP 4:

If you are filing a complaint strictly for documentation purposes only, a case number will be provided to you. In doing so, you are waiving your request for a criminal investigation on this complaint. **Complete only the Information Form and Financial Crimes Short Form to document this incident.** Follow Step 3, bringing this form with you when you file the report. A case number will not be provided without the completion of this Short Form.

#### Investigation:

In all cases of Financial Crime investigated by the Grand Junction Police Department, the victims must cooperate with the investigation and provide whatever evidence and/or information is requested by the investigating officer. The victims of Economic Crime should understand that the Grand Junction Police Department investigates these complaints as crimes with the intent of eventual criminal prosecution, not for the purpose of restitution for the victim. Restitution to the victim is a matter to be determined by the Court upon conviction of the offender.

In the event your case is determined to be civil in nature and does not meet the elements necessary to investigate your complaint as a criminal act, you will be notified by mail or phone by the investigating officer or detective. You will be able to make arrangements at that time to collect original documents turned over to the police department for this investigation.

#### OUR COMMITMENT:

The Grand Junction Police Department is committed to providing a thorough investigation of your criminal complaint. Your effort to complete this packet as completely and accurately as possible will help ensure this outcome.

Grand Junction Police Department  
 Required Information and Documentation  
 For Investigation of Economic Crimes

Report Number	Date of Report	Officer Accepting Report
07-		

**List of Economic Crimes**

Read the list below to identify the crime associated with your financial crime complaint. Once you have identified the appropriate crime(s), follow the instructions listed under that crime title.

- CREDIT/DEBIT CARD OR UNAUTHORIZED USE OF A FINANCIAL TRANSACTION DEVICE*** – The unauthorized use of a debit card, credit card or credit account without the authorization or knowledge of the owner of the card and/or account.
- EMBEZZLEMENT*** – The theft of money, property or merchandise from a business by an employee.
- FORGERY*** – The crime of falsely and fraudulently passing, making or altering a document (check, legal document, vehicle title, manufactured/counterfeit check, etc.) Refer to **Counterfeit Money**, if currency is involved.
- IDENTITY THEFT*** – Identity theft is when someone uses your personal information (i.e. name, Social Security Number, driver’s license number, credit card information, or other identification or information belonging to you) without your permission. The information may be used to open credit accounts, bank accounts, telephone accounts, internet service accounts, or other accounts and may be used to make purchases in your name. Additionally, your existing accounts could be taken over and used. Identity theft can damage your credit rating and history, including denials of credit and other related losses.
- INTERNET FRAUD*** – Internet Fraud can be any financial crime which occurs over the internet and can include but is not limited to auction theft, credit card fraud, counterfeit cashier’s checks, identity theft, etc.
- INSUFFICIENT FUNDS AND ACCOUNT CLOSED CHECKS*** – Checks written on accounts which have insufficient funds, are closed, or were opened using false information, are considered check fraud.
- THEFT OF RENTAL PROPERTY*** - The failure to return rented property which was obtained under a rental agreement, for temporary use or purchase.

**CREDIT/DEBIT CARD OR UNAUTHORIZED USE OF A FINANCIAL TRANSACTION DEVICE**

Individual Victim Responsibility:

1. Complete **Fraud** form as instructed.
2. Complete the **Information Form**. Only one form needs to be completed per victim.
3. Complete **Authorization for Disclosure of Financial Account Information** release to obtain account information for each financial institution.
4. Provide any receipts, bank and/or credit card statements from the fraudulent transaction(s).
5. Any other information which may be available or requested.
6. If your signature was forged, also follow ***FORGERY*** instructions.
7. If your identity was stolen, also follow ***IDENTITY THEFT*** instructions

### Bank or Merchant Victim Responsibility:

1. Complete **Fraud** form as instructed.
2. Complete the **Information Form**. Only one form needs to be completed per victim.
3. Provide the original receipts, bank and/or credit card statements from the fraudulent transaction(s).
4. Provide the videotape or pictures from the fraudulent transaction (if available).
5. Provide information on the employee who accepted the document(s).
  - Employee name
  - Employee work address
  - Employee work telephone number
6. Provide “in-house” policy on accepting credit cards and verification the policy was followed.
7. Any other information which may be available or requested.

### **EMBEZZLEMENT**

### Business Victim Responsibility:

1. Provide detailed information on the suspected employee
  - Employee name, date of birth and social security number
  - Employee last known address
  - Employee last known telephone number(s)
  - Employee description
  - Employee original employment application and/or termination date
2. All original checks (or legible copy of the original is not available) if there is a forgery involved.
3. Complete an **Affidavit of Forgery** for each fraudulent transaction if a signature or document is forged or altered.
4. Complete **Authorization for Disclosure of Financial Account Information** release to obtain account information for each financial institution.
5. Complete **Fraud** form as instructed.
6. Complete the **Information Form**. Only one form needs to be completed per victim.
7. All business records showing history of illegal transactions which may include but is not limited to journals, ledgers and computer records.
8. NOTE: as part of your investigation, it may be necessary to obtain a forensic audit or accounting. This audit will be done at your expense and you will be required to provide all documentation for this audit.
9. Any other information which may be available or requested
10. If your signature was forged, also follow **FORGERY** instructions.

### **FORGERY**

### Individual Victim Responsibility

1. Complete an **Affidavit of Forgery** for each fraudulent transaction if a signature or document is forged or altered.
2. Complete **Authorization for Disclosure of Financial Account Information** release to obtain account information for each financial institution.
3. Obtain a fraud dispute form from your credit card company if applicable.
4. Provide the original or legible copy of the forged document(s), front and back views.

- If it is an original forged document, do not handle it unnecessarily to avoid damaging latent fingerprints.
5. Complete **Fraud** form as instructed.
  6. Complete the **Information Form**. Only one form needs to be completed per victim.
  7. Any other information which may be available or requested.
  8. If your identity was stolen, also follow ***IDENTITY THEFT*** instructions.

#### Bank or Merchant Victim Responsibility

1. Provide the original or legible copy of the forged document(s), front and back views.
  - If it is an original forged document, do not handle it unnecessarily to avoid damaging latent fingerprints.
2. Provide information on the employee who accepted the document.
  - Employee name
  - Employee work address
  - Employee work telephone number
3. Provide original video tape if available, or copy if original cannot be released.
4. Provide “in-house” policy on accepting document, checks and/or credit cards and verification the policy was followed.
5. Complete an **Affidavit of Forgery** for each fraudulent transaction if a signature or document is forged or altered.
6. Complete **Authorization for Disclosure of Financial Account Information** release to obtain account information for each financial institution.
7. Complete **Fraud** form as instructed.
8. Complete the **Information Form**. Only one form needs to be completed per victim.
9. Any other information which may be available or requested.

### ***IDENTITY THEFT***

#### Victim Responsibility

1. Report the incident to the companies and institutions (banks, credit card companies, internet service providers, etc.) which may have been affected by the identity theft.
2. Complete **Fraud** form as instructed.
3. Complete the **Information Form**. Only one form needs to be completed per victim.
4. Complete **Authorization for Disclosure of Financial Account Information** release to obtain account information for each financial institution.
5. Complete an **Affidavit of Forgery** for each fraudulent transaction for each forged signature if a signature or document is forged or altered.
6. Obtain copies of whatever documentation is available from the companies and institutions involved.
7. Any other information which may be available or requested.
8. If your signature was forged, also complete ***FORGERY*** instructions.

Additional information and support may be found through the Identity Theft Resource Center and can be accessed via the internet at [www.idtheftcenter.org](http://www.idtheftcenter.org).

## *INTERNET FRAUD*

Internet Fraud is a complex crime which can involve multiple jurisdictions. Due to the nature of this crime, you may be referred to another law enforcement agency to file a report. Since the actual crime was on the internet, the decision to prosecute is based on many factors, and is considered on a case by case basis.

In cases of internet schemes or scams in which you voluntarily provide your personal or financial information over the internet, and it is ultimately used fraudulently, a report can be filed for documentation purposes only. Complete the **Financial Crimes Documentation Short Form** and file a report through the Federal Trade Commission and National White Collar Crime Center, at [www.ic3.gov](http://www.ic3.gov).

### Victim Responsibility

1. Report the incident to the companies and institutions (banks, credit card companies, internet service providers, etc.) which may have been affected.
2. Complete **Fraud** form as instructed.
3. Complete the **Information Form**. Only one form needs to be completed per victim.
4. Complete **Authorization for Disclosure of Financial Account Information** release to obtain account information for each financial institution.
5. Complete an **Affidavit of Forgery** for each fraudulent transaction if a signature or document is forged or altered.
5. Obtain copies of whatever documentation is available from the businesses and institutions involved.
6. Any other information which may be available or requested.
7. File a report through the Federal Trade Commission and National White Collar Crime Center, at [www.ic3.gov](http://www.ic3.gov).

## *INSUFFICIENT FUNDS AND ACCOUNT CLOSED CHECKS*

If a person is writing checks on an account which does not have funds to cover them, the Grand Junction Police Department does not investigate this type of crime under \$1500. Recipients of these checks are encouraged to file a complaint through the District Attorney's Bad Check Restitution Program. Forms can be obtained at the front counter of the Grand Junction Police Department or by phone at 877-269-4109.

Other remedies are through a private collection agency or small claims court. Information on how to file an action in this court is available at:

Civil Division at the Mesa County Sheriff's Office  
215 Rice St  
Grand Junction, CO 81501

### Insufficient Funds and Account Closed Checks – Criteria for Filing

1. The check was issued, offered, or passed within Grand Junction city limits for an immediate exchange of goods or services for \$1500 or more.
2. At the time the check was accepted, the person who received the check:

- a. Obtained a valid state, military or government photo I.D. from the person presenting the check and wrote the I.D. number on the check
- b. Wrote his/her initials on the check
- c. Compared the photo/physical description on the I.D. with the person passing the check
3. The check must be presented to the bank twice.
4. A courtesy notice/letter must be sent to the check passer requesting payment within 14 days and sent certified mail with a return receipt requested. See **Courtesy Letter** form.
5. This form and accompanying documents must be submitted within 90 days of the date the check was issued/accepted.
6. The check cannot be:
  - a. post-dated at the time of acceptance
  - b. involves a two-party check
  - c. involves an extension of credit
  - d. received for payment on an account
  - e. delayed or held for deposit

If the check does not meet all the above criteria for filing, this matter is civil. Civil remedies can include private collection agencies and small claims court (see above).

#### Insufficient Funds and Account Closed Checks – Victim/Business/Merchant Responsibility

1. Complete **Check Fraud Complaint** form.
2. Complete the **Information Form**. Only one form needs to be completed per victim.
3. Provide the original or copy “in lieu of” the original copy of the dishonored check(s), front and back views.
4. Provide “in-house” policy on accepting checks and verification the policy was followed.
5. Provide information on the employee who accepted the check(s)
  - Employee name
  - Employee work address
  - Employee work telephone number
6. Provide the courtesy notice and returned postal receipt.

If a person is writing checks on a closed account and they are not the account holder, most likely a forgery is involved and instructions found under **FORGERY** should be followed. All checks returned by financial institutions indicating the check is fraudulent or forged are considered forgeries and **FORGERY** instructions should be followed.

### **THEFT OF RENTAL PROPERTY**

#### Business Victim Responsibility:

1. Provide the original contract.
2. Complete the **Theft of Rental Property Form**
3. Complete the **Information Form**.
4. Copies of all business records showing payment history, method of payment(s), etc
5. Provide original signed certified mail receipts, copy of letter, returned letter if undeliverable
6. Provide verification of actual value of property, excluding taxes, fees and interest
7. Any other information which may be available or requested
8. If payment was made with a dishonored check, please complete the **Check Fraud** form.

# GRAND JUNCTION POLICE DEPARTMENT

555 Ute Avenue  
Grand Junction, CO 81501

## FRAUD REPORTING FORM

CR# \_\_\_\_\_

**\*Complete one form for EACH credit/debit card fraudulently used.**

Type of transaction device fraudulently used: <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Financial/Checking Account		Was the debit / credit card: <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Still in your possession		
Was a police report filed at the time of the theft or loss of the credit / debit card? <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, agency name _____ Case/Report # _____				
<b>Card Information:</b>				
<input type="checkbox"/> Debit Card    Debit Card Account # _____ Expiration Date: _____ Associated check account # _____ Bank: _____ Branch Location: _____ Name as it appears on the card: _____				
<input type="checkbox"/> Credit Card    Credit Card Account # _____ Expiration Date: _____ Name as it appears on the card: _____				
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other _____				
<b>Type of Fraud:</b>				
<input type="checkbox"/> Unauthorized Use <input type="checkbox"/> Forgery <input type="checkbox"/> Embezzlement <input type="checkbox"/> Unauthorized Account/Card <input type="checkbox"/> Internet Fraud <input type="checkbox"/> Other: _____				
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
Date of Transaction	Amount	Location used	City	State
Did you report this to your bank? <input type="checkbox"/> Yes    Contact name: _____ Contact Phone: _____ <input type="checkbox"/> No				





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## FINANCIAL CRIME REPORTING INFORMATION FORM

CR# \_\_\_\_\_

\*This is an information form and needs to be included in each packet regardless of the crime reported.

<b>Reporting Party:</b> Last Name, First, Middle				Date of Birth		Sex	Race		
Home Address		City		State	Zip Code	Home Phone			
Employer/School					Position				
Work Address		City		State	Zip Code	Work Phone			
Contact Email Address									
<b>Victim:</b> Last Name, First, Middle				Date of Birth		Social Security Number		Sex	Race
Address		City		State	Zip Code	Home Phone			
Employer/ School					Position				
Work Address		City		State	Zip Code	Work Phone			
Height	Weight	Hair Color		Eye Color	State of Birth				
Contact Email Address									
<b>Suspect (if known):</b> Last Name, First, Middle				Date of Birth		Relationship to victim (if any)		Sex	Race
Address		City		State	Zip Code	Home Phone			
Employer/ School					Position				
Work Address		City		State	Zip Code	Work Phone			
Height	Weight/Build	Hair Color		Eye Color	Descriptors: <input type="checkbox"/> Mustache <input type="checkbox"/> Goatee <input type="checkbox"/> Beard <input type="checkbox"/> Glasses				
Scars/Marks/Tattoos: (describe)				<b>Vehicle:</b> Make _____ Model _____ Color _____ License _____ State _____					

**GRAND JUNCTION  
POLICE DEPARTMENT**  
555 Ute Avenue  
Grand Junction, CO 81501

**AUTHORIZATION FOR DISCLOSURE OF FINANCIAL ACCOUNT INFORMATION**

CR# \_\_\_\_\_

I authorize \_\_\_\_\_  
(name/address of financial institution) to release the financial information of the individual  
named below:

Account Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Account/Credit/Debit Card Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Contact Person: \_\_\_\_\_

I authorize the information to be disclosed and discussed with the Grand Junction Police  
Department and the 21<sup>st</sup> Judicial District.

The type and amount of information to be disclosed is as follows:

Entire bank record from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Entire credit card statement from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Copy of signature card or similar type document showing the account holder(s) signature.

I understand this authorization will expire, without my express revocation, one year from the date of  
signing, or if I am a minor, one year from the date of signing or on the date I become an adult according  
to state law, whichever is earlier. I understand that I may revoke this authorization at any time except to  
the extent that action has been taken based on this authorization. I understand that the revocation must  
be in writing and presented to the provider named above. I understand that my authorization is not  
needed under some conditions as previously explained pursuant to a notice received from the provider  
named above and any revocation in writing of this authorization does not affect the ability of the provider  
named above to disclose information otherwise allowed by law. I understand that I have a right to a copy  
of this authorization.

I understand that authorization for the disclosure of this financial information is voluntary and I can refuse  
to sign this authorization. I understand that any disclosure of information carries with it the potential for  
re-disclosure and the information may not be protected by federal law or regulations.

\_\_\_\_\_  
Signature of Account Holder or Authorized Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Relationship

\_\_\_\_\_  
Date

**GRAND JUNCTION  
POLICE DEPARTMENT**

555 Ute Avenue  
Grand Junction, CO 81501

**AFFIDAVIT OF FORGERY**

CR# \_\_\_\_\_

I, \_\_\_\_\_, am the person named as account holder/payee/endorsee/signer on the attached check, draft, or note, numbered \_\_\_\_\_ dated \_\_\_\_\_, drawn on \_\_\_\_\_ with account number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_.

**Forged Signature/Check:** My signature on the said check, draft, or note was not written or authorized by me and is a forgery. Further, I have not received the proceeds of said check, draft, or note or any part thereof.

**Forged Endorsement:** My signature as endorser on the said check, draft, or note was not written or authorized by me and is a forgery. Further, I have not received the proceeds of said check, draft, or note or any part thereof.

**Altered Instrument:** The above said check, draft, or note was signed by me, however, the amount was altered from \$ \_\_\_\_\_ to \$ \_\_\_\_\_, or the payee was altered from \_\_\_\_\_ to \_\_\_\_\_ without my consent.

This affidavit is made voluntarily for the purpose of establishing that my signature is a forgery. I did not present this check, draft, or note for negotiation of payment and did not benefit monetarily or otherwise from this fraudulent transaction.

I have no knowledge or opinion concerning the person who signed/endorsed/altered said check, draft, or note, or the circumstances under which it was written except:

\_\_\_\_\_  
\_\_\_\_\_

I further state that this affidavit is given for the purpose of assisting in the prosecution of such person or persons who may have committed such act.

The foregoing statement has been made under oath and with the full knowledge that this statement is made under penalty of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The foregoing instrument was subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary

My Commission Expires \_\_\_\_\_

# GRAND JUNCTION POLICE DEPARTMENT

555 Ute Avenue  
Grand Junction, CO 81501

## CHECK FRAUD COMPLAINT FORM

Please check one of the following to describe your report:

Account Closed       NSF Check       Both

CR# \_\_\_\_\_

- |  |                              |                             |  |                              |                             |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 1. Was check post-dated at the time of acceptance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 4. Was the check received on payment on an account?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does this matter involve a two-party check?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 5. Were you asked to delay or hold depositing the check? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does the check involve an extension of credit?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |                              |                             |

A "YES" answer to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for filing with the District Attorney. Your options are to contact the small claims court for instructions on how to proceed with a civil case or submit the checks to a private collection agency. If all boxes were check "NO", please complete this report, date and sign it and submit it with your financial crimes packet.

<b>1.</b>	<b>Suspect:</b> Check writers full name as it appears on the check				
Address					
City		State	Zip Code	Home Phone #	Other Phone #
Driver's License #		State	Expiration Date	Other ID	
How did you obtain the check writer's identification?			Was the check handed to you by someone other than the check writer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Driver's License <input type="checkbox"/> Check Cashing <input type="checkbox"/> Other _____			Name: _____ Address: _____		

<b>2.</b>					
Check #	Date Received	Amount	What was check for?	Person Accepting Check	Can person ID check writer
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3.</b>	<b>Victim:</b> Last Name, First, Middle (if same as Reporting Party write SAME)				Date of Birth
Address		City	State	Zip Code	Home Phone
Employer/ School				Position	
Work Address		City	State	Zip Code	Work Phone

4.	<b>Victim:</b> Last Name, First, Middle (If same as Reporting Party , write SAME)			Date of Birth
Address		City	State	Zip Code
Employer/ School			Position	
Work Address		City	State	Zip Code
				Work Phone

I hereby certify under penalty of perjury that all information in this report is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Person Filing

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Filed

# GRAND JUNCTION POLICE DEPARTMENT

555 Ute Avenue  
Grand Junction, CO 81501

CASE # \_\_\_\_\_

## THEFT OF RENTAL PROPERTY FORM

THIS FORM IS TO BE INCLUDED WITH ALL REQUIRED DOCUMENTATION LISTED IN THE FINANCIAL CRIMES PACKET – THEFT OF RENTAL PROPERTY SECTION

Misdemeanor     Felony    (For Department Use Only)

REPORTING PARTY	Reporting Party: (Last, First, Middle)					Race:	Sex:	DOB:	Age:	
	Residence Address: (Street, City, State)						Zip Code:	Home Telephone: (    )		
	Position with Victim Business: Owner <input type="checkbox"/> Manager <input type="checkbox"/> Employee <input type="checkbox"/> Other :							Work Telephone: (    )		
	Reporting Party Signature:							Date Reported:		
VICTIM / WITNESS	Victim Business:									
	Address: (Street, City, State)						Zip Code:	Telephone: (    )		
	Witness Name: (Last, First, Middle)						Date of Birth:	Telephone: (    )		
	Address: (Street, City, State)						Zip Code:	Occupation:		
Is the witness currently employed by the victim business: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, current employer:										
RENTER INFORMATION	Renter: (Last, First, Middle)			Residence Address: (Street, City, State)			Zip Code:	Home Telephone: (    )		
	Employer:			Employer Address: (Street, City, State)			Zip Code:	Business Telephone: (    )		
	Identification #/State:	Race:	Sex:	Height:	Weight:	Hair:	Eyes:	Date of Birth:	Age:	Can Suspect be identified? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Picture compared and appeared to be the same: Yes <input type="checkbox"/> No <input type="checkbox"/>						Identification Presented: Military ID <input type="checkbox"/> Driver's License <input type="checkbox"/> ID Card <input type="checkbox"/>			
	Additional Name(s) on Rental Account:									
	Additional Address(es) on Rental Account:									
PROPERTY RENTED	Rental Date:	Return Date:	Rental Payment:	Actual Property Value:	Model No./Serial No.					
	Property Description: (Use page 2 for additional property)									
	Method of Purchase/Payment: Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Other <input type="checkbox"/>									
	If check/debit card: Bank Account # _____ Bank _____ Debit Card # _____									
If credit card: Credit Card # _____ Issued by _____										
CONTACT ATTEMPTS	Certified Letter Sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certified Number:	Date Mailed:	Date Returned:	Results of Mailing:					
	Attempts to Contact by:				Results:					
	Date:	In Person <input type="checkbox"/>	Phone <input type="checkbox"/>	Contacted At:						
	Attempts to Contact by:				Results:					
	Date:	In Person <input type="checkbox"/>	Phone <input type="checkbox"/>	Contacted At:						
Misc. Information / Comments:										
Officer Signature / #:				Supervisor Initials / Date:			Assigned to:		Page 1 of 2	

