

ABC TOWN POLICE DEPARTMENT

P.O. Box 123
456 Main Street
ABC Town, PA 12345
Tel. (111) 222-3333 Fax (111) 444-5555

Personal Property Report

1. Please complete this form in its entirety.
2. This form will be retained in our Records Department for 1 year.
3. Copies of this form may be obtained by calling (111) 222-3456, M-F 8:00 a.m. – 4:00 p.m.
4. Contact us immediately if property is recovered.

Item Description: _____

Brand Name: _____ Value: _____

Description of Incident: _____

Incident Location: _____

Incident Occurred Between: _____ and _____

Signature: _____ Date: _____

Your Information

Name: _____ DOB: _____

Address: _____

City _____ State _____ Zip Code _____

E-Mail Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Witness Information

Name: _____ DOB: _____

Address: _____

City _____ State _____ Zip Code _____

E-Mail Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Witness Information

Name: _____ DOB: _____

Address: _____

City _____ State _____ Zip Code _____

E-Mail Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Witness Information

Name: _____ DOB: _____

Address: _____

City _____ State _____ Zip Code _____

E-Mail Address: _____

Home Phone Number: _____ Cell Phone Number: _____

For Police Department Use

Received By: _____ Date Received: _____

IMC Case: _____ CFS #: _____

Returned To: _____ Date Returned: _____