COMPLAINANT CONTACT FORMS

POSTCARD

DATE	CASE NO
On to the	
I have I have	below and return this card to our department within 5 days. e recovered the item(s). e not received the item(s).
NAME	additional information. Please call me at phone: ADDRESS
Officer	

TELEPHONE

Stolen Vehicle Validation Police Department		R.D. No .			VALIDATION DATE		
NAME OF OWNER						HOME PHONE	
OWNERS ADDRESS						BUSINESS PHONE	
VEH. YR	MAKE	MODEL		VIN		DATE REPORTED STOLEN	
VEH. RECOV'D		DATE RECOV'D			IF RECOV'D HOW NOTIFIED		VEH INSURED
[]YES []NO					[]POLICE	[]OTHER	[]YES []NO
IF INSURED – NAME OF INSURANCE CO.				CO.		REIMBURSEMENT MADE	
					[]YES []NO		
ADDRESS OF INSURANCE CO.							
COMMENTS:							
SIGNATURE OF INVESTIGATOR							STAR NO.
SIGNATURE OF SUPERVISOR						STAR NO.	

LETTERS

DATE:
COMPLAINANT'S NAME:
COMPLAINANT'S ADDRESS:
RE:
ACCORDING TO OUR FILES, THE ABOVE ITEM(S) WERE REPORTED STOLEN ON
, 19 (COMP#)
OUR RECORDS INDICATE THE ITEM HAS NOT BEEN RECOVERED.
WITHIN FIVE (5) DAYS OF RECEIVING THIS LETTER, PLEASE RETURN THIS LETTER TO OUR DEPARTMENT WITH THE CORRECT INFORMATION. THIS INFORMATION IS NEEDED TO UPDATE THE FILE.
THE ITEM IS STILL STOLEN/MISSING. PLEASE RETAIN THE ENTRY. AS THE OWNER, I AM STILL WILLING TO RETRIEVE THE ITEM WHERE FOUND.
THE ITEM IS STILL STOLEN/MISSING, BUT IS NO LONGER WORTH IT TO RETRIEVE IT. PLEASE CANCEL ENTRY.
THE ITEM HAS BEEN RECOVERED. PLEASE CANCEL ENTRY.
APPROXIMATE DATE RECOVERED:
THE ITEM HAS BEEN PAID FOR BY MY INSURANCE COMPANY.
NAME OF INS. CO.
ADDRESS
POLICY#
THANK YOU FOR YOUR ASSISTANCE.
SINCERELY, POLICE DEPARTMENT/SHERIFF'S DEPARTMENT

VALIDATIONS/QUALITY CONTROL OFFICER

DATE

TO:
REF:
DEAR:
WOULD YOU PLEASE ADVISE THIS AGENCY IF THE ABOVE ITEM IS
STILL CONSIDERED STOLEN OR IF IT HAS BEEN RECOVERED. WE
NEED THIS INFORMATION TO UPDATE OUR FILES. IF WE DO NOT
RECEIVE A REPLY WITHIN 20 DAYS, IT WILL AUTOMATICALLY BE
REMOVED FROM THE STOLEN PROPERTY FILES.
THANK YOU FOR YOUR COOPERATION IN THIS MATTER.
SHERIFF'S DEPT./POLICE DEPT.