

GRAND JUNCTION POLICE DEPARTMENT

625 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:									
Attempts to Contact by:										
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	

