

SUPPLEMENTAL PROPERTY REPORT

PRINT YOUR FIRST AND LAST NAME	INCIDENT NUMBER
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NOTE: Please fill this report out as completely as possible. After completion, return it to the Waterford Police Department either in person, by fax at (248) 673-5190, or by US Mail to the address above, ATTN: RECORDS.

IF YOU NEED ADDITIONAL BLANK FORMS, PHOTOCOPY THIS ONE BEFORE YOU FILL IT OUT.

QTY.	TYPE OF PROPERTY	MANUFACTURERS NAME	MODEL
COLOR(S)	DIMENSIONS / SIZE	SERIAL OR APPLIED NUMBERS	DOLLAR VALUE \$ <input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGED
QTY.	TYPE OF PROPERTY	MANUFACTURERS NAME	MODEL
COLOR(S)	DIMENSIONS / SIZE	SERIAL OR APPLIED NUMBERS	DOLLAR VALUE \$ <input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGED
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WARNING: This is an official police report. It must be true and accurate. Intentional failure to comply is a violation of Michigan State Law – False Police Report (750.111A). Do not list items that were not stolen or damaged in an attempt to collect money from an insurance company or any other individual. Doing so will be considered a violation of Michigan State Law – Obtaining Money Under False Pretenses (750.218).

I, _____, hereby state that this is a true and accurate report.

PRINT OR TYPE YOUR NAME HERE

SIGNATURE: _____

DATE: _____

INVESTIGATING OFFICER (S)	BADGE NUMBER (S)	RECEIVED BY	LEIN ENTRY BY	ATTENTION TO DETECTIVE
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