

Incident # _____
Officer: _____

Spooner Police Department
STATEMENT OF NON-PERMISSION/NON-CONSENT

Name of Business: _____ Business Phone: _____

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

I DID NOT GIVE MY PERMISSION TO CONSENT (NEITHER EXPRESSED NOR IMPLIED) TO

OR TO ANYONE ELSE TO COMMIT THE FOLLOWING

ACT(S): _____

STATEMENT OF DAMAGE/LOSS

If you wish to submit a claim for damage and/or loss, complete the form below and send to the Spooner Police Department. Receipts, bills, or estimates are required to substantiate claims.

Description of Items Stolen/Damaged (Brand-Model-Color-Serial No.)	A Damage	B Stolen	C Total Loss	D Recovered	E Net Loss
	\$	\$	\$	\$	\$
Preliminary Totals (Column A+B=C)					
Less Items Recovered (Column D)					
Net Loss (Column C-Column D)					

Insurance Company/Agent: _____ Claim Filed: _____

Under penalty of perjury, I declare the above statement(s) are true and accurate to the best of my knowledge and I understand that I may be required to testify in a court of law.

Witness: _____ Signature: _____ Date: _____

Any further comment(s) or information – use reverse side.

NOTE: This form **MUST** be submitted to the Spooner Police Department within seven (7) days of the damage or loss. Seal properly as the back side is pre-addressed. Place first class postage and your return address in the spaces provided.

Additional Comment(s) or Information:

-----(Fold on this line and staple)-----

First Class
Postage

SPOONER POLICE DEPARTMENT
221 ELM STREET
PO BOX 6
SPOONER WI 54801

-----(Fold on this line and staple)-----

(Fold this portion last)