TOWN OF CLARKSTOWN POLICE DEPARTMENT

20 MAPLE AVENUE, NEW CITY, NEW YORK 10956-5011

TEL (845) 639-5800 FAX (845) 639-5919

Dear Complainant:

In order to enable the Clarkstown Police Department to further investigate and possible retrieve your stolen property, we must request that you furnish us with the following descriptive information pertaining to said property. Please list the following information:

1. Brand names

2. Serial numbers and model numbers

3. Clothing or wearing apparel, gender, size, color, brand, material, unique markings, etc.

4. Furs - type, length, make, initials (if any), etc.

5. Coins - exact denomination and year if known

6. Value of item

We have enclosed a separate sheet for the loss of JEWELRY. Please use this sheet to list all jewelry and silverware.

If you have any questions, please contact the Clarkstown Police Department. Please complete these forms within two days and return them to the Clarkstown Police Department.

Very truly yours,

CLARKSTOWN POLICE DEPARTMENT

Form # 33

CLARKSTOWN POLICE DEPARTMENT
20 MAPLE AVENUE
NEW CITY, NY 10956

RETURN TO POLICE
WITHIN TWO (2) DAYS

REPORT OF LOST OR STOLEN PROPERTY

Owner's Name: _____ **Address:** _____ **Report #** _____

Date of Birth: _____ **Phone:** _____ **City:** _____ **State:** _____ **Zip:** _____ **Date of Loss:** _____

COMPLETE LIST OF PROPERTY, INCLUDING COLOR, SIZE, SERIAL NUMBER, MODEL NUMBER AND ANY OTHER IDENTIFYING MARKS OR FEATURES. (USE MORE THAN ONE LINE IF NECESSARY. PLEASE PRINT OR TYPE.)

Item	Description of Property	Make/Brand	Model	Qty/Size	Serial #	Color	Estimated Value
1							$
2							$
3							$
4							$
5							$
6							$
7							$
8							$
9							$
10							$

FALSELY REPORTING AN INCIDENT IS A CLASS B MISDEMEANOR IN VIOLATION OF SECTION 240.50 OF THE PENAL LAW OF NYS.

DATE _____ SIGNATURE _____

(TO BE ADDED BY OFFICER ACCEPTING REPORT)

COMPLAINT NO. _____ DETECTIVE CASE FILE _____ TELETYPE NO. _____

Rev 12/15/04