

LACK OF CONSENT – RESTITUTION

Monroe County Sheriff's Office • 112 S Court Street, Rm 500 • Sparta, Wisconsin 54656

For Internal Use

Case #:

Officer:

Full Name (First, Middle, Last)		DOB:
Address (Street, City, State, Zip)		
Phone Number	Email	

Owner's Information (if different than above)

Full Name (First, Middle, Last)		DOB:
Address (Street, City, State, Zip)		
Phone Number	Email	

The undersigned states that on the _____ day of _____, 20____, at approximately _____ AM/PM, he/she was the owner or person in lawful possession of the property, building, dwelling, which was stolen, damaged, or lawfully entered, without consent, and said property is/was located in the County of Monroe, State of Wisconsin, and that the value of said property and/or the cost of repairing the damage is in the approximate amount of \$_____

based on the following information:

List of Items Stolen / Damaged, including Serial #s and Model #s	Value
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
Total Value	\$

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I have no insurance for this incident.

I have insurance for this incident (provide specifics below)

Name of Insurance Company

Address of Insurance Company

Policy #

Dated this _____ day of _____ 20 _____ .

Signature of person completing this form

Printed Name