



Police Department

30 Cedar St. E. • P.O. Box K • Annandale, MN 55302-0136

Phone: 320•274•3278

Fax: 320•274•2067

(This section to be completed by arresting officer.)

Complainant _____

Date this notice sent/given _____

Address _____

Telephone (home) _____ (work) _____

Offense _____

Date reported _____

Arresting Officer _____

Suspect(s) _____

Please complete below an itemized listing of the damages, loss, or expenses you have suffered as a result of the reported crime as described above. Please list the actual cost per item giving detailed descriptions of your loss and be sure to include receipts or estimates. Attach additional sheets as necessary. You should keep one copy of this report for your records and return the original to the Annandale Police Department within ten days of your receipt of this notice.

DESCRIPTION OF LOSS

COST

Table with 2 columns: DESCRIPTION OF LOSS, COST. Rows 1-10.

IF YOUR DAMAGE/LOSS WAS INSURED, PLEASE COMPLETE THE FOLLOWING, REGARDLESS OF WHETHER OR NOT YOU FILED A CLAIM:

Insurance Company _____

Policy Number _____

Agent's Name _____

Phone No. _____

Was claim submitted? _____

Has claim been paid? _____

Claim Number _____

Amount of Deductible _____

The undersigned certifies that he/she has a just and true claim. The information given within is accurate to the best of his/her knowledge.

Please return to: Annandale Police Department
30 Cedar St E., P. O. Box K
Annandale MN 55302

Signature of Claimant