PROPERTY CRIME RESTITUTION REQUEST

HPD-31(10/2009)

Hartford Police Department
110 North Johnson Street, Hartford WI 53027

Agency Case Number _____ **Date of Offense** _____

Victim Name:	**Last**	**First**	**MI**	
Location of Offense:	**Street**	**City**	**State**	**Zip**

Complete and return this form within 10 days to the Police Department address listed above. If you fail to return this form within 10 days, it will be presumed you are not requesting restitution. Only include those items that were stolen and NOT returned to you and any item that was damaged. Please include documentation that establishes the value of the item stolen or damaged. This would include copies of sale receipts, invoices, replacement/repair bills, or professional estimates.

Covered by Insurance: Yes/No Name of Insurance Co.
Claim #

PROPERTY RESTITUTION INFORMATION

Name & Description of Item (Make/Brand, Serial/VIN No., Color)	Stolen or Damaged?	Value and/or Repair Cost
	Total Value:	$ 0.00

The above items were in my possession and control and were removed or damaged in this incident without my consent. The value and repair cost listed are a true and accurate reflection of the value or repair cost of each item.

Signature of Owner: _____ Date: _____