

					PROPERTY REPORT #:		
OFFICIAL USE ONLY:	Rec'd:	In Person at: <input type="checkbox"/> 10 <input type="checkbox"/> S-10 <input type="checkbox"/> E-10 <input type="checkbox"/> N-10	<input type="checkbox"/> Mail	<input type="checkbox"/> E-mail	<input type="checkbox"/> Fax	PHOTO ID:	

ISLAND COUNTY SHERIFF'S OFFICE LOST PROPERTY REPORT

INSTRUCTIONS (Please Print Legibly)

- Persons wishing to report "lost" property must complete a written report. You can fill out this form *on line* (TAB to fields), and submit as follows:
- Print out completed form and deliver
 - IN PERSON:** Sheriff's Business Office: Law & Justice Center, 2nd floor, 101 NE 6th St, Coupeville, 8-4:30 Business Days
 Sheriff's South Whidbey Precinct: Courtyard Suites, 1618 E Main, Freeland, 9-5 Business Days
 Sheriff's Camano Precinct: IF DEPUTY PRESENT: 121 N East Camano Drive, Camano Island, During Business Hours
 Sheriff's North Whidbey Precinct: IF DEPUTY PRESENT: 3137 Shay Road, Oak Harbor, During Business Hours
 (NOTE: NO MAIL RECEPTACLES AT ABOVE LOCATIONS)
 - BY MAIL:** Island County Sheriff's Office, Records Unit-LOST PROP, PO Box 5000, Coupeville, WA 98239-5000
 - BY FAX:** 360-679-7371
- Save as a Word or Text Document, attach and send
 - BY E-MAIL:** ICSO@islandcountywa.gov

LOST PROPERTY INFORMATION

ITEM:		APPROX DATE OF LOSS:		APPROX TIME:
BRAND:		MODEL:	SERIAL #:	
COLOR:	QUANTITY:	OWNER APPLIED NUMBER:		Value: (more than one property please place in description area)
Were item(s) insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of insurance company:		
Briefly describe under what conditions <u>and</u> where you think you may have lost your property--such as, intersection street names, street address, building name, business name, etc. Please be as precise as possible:				
VALUE:				

REPORTING PARTY INFORMATION

Are you the owner of the lost property? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, please also complete the property owner's section.)				
Name (PRINT):			Date of Birth:	
HGT:	WGT:	EYES:	HAIR:	
Home Address (include city/state):				
Mailing Address if different from above (include /state):				
Home Phone ()		Work Phone: ()		Cell Phone: ()
e-mail Address:			Driver's Lic. No.:	Lic. State

PROPERTY OWNER INFORMATION (Complete **ONLY** If different from above)

Name (PRINT):			Date of Birth:	
HGT:	WGT:	EYES:	HAIR:	
Residential Address (include city/state):				
Mailing Address if different from above (include city/state):				
Home Phone ()		Work Phone: ()		Cell Phone: ()
e-mail Address:			Driver's Lic. No.:	Lic. State

MAKING FALSE REPORTS NOTICE

MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT; (2) MAKING A FALSE REPORT IS A MISDEMEANOR. I CERTIFY THAT: I DID NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF PROPERTY IS LOCATED, I ACCEPT LIABILITY FOR STORAGE AND OR DELIVERY OF LISTED GOODS.

Signature: X _____ Date Reported: _____