

PROPERTY REPORT #:

OFFICIAL USE ONLY:

Rec'd:

In Person at: 10 S-10 E-10 N-10 Mail E-mail Fax

PHOTO ID:

ISLAND COUNTY SHERIFF'S OFFICE LOST PROPERTY REPORT

INSTRUCTIONS (Please Print Legibly)1) 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:

2) 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

3) Save as a Word or Text Document, attach and send

BY E-MAIL ICSSO@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: _____