



CARLSTADT POLICE DEPARTMENT

500 Madison Street
Carlstadt, New Jersey 07072

HQ: (201) 438-4300

FAX: (201) 939-4522

LARCENY REPORT

CFS #: _____

NAME OF COMPLAINANT: _____

DATE: _____

ADDRESS: _____

TELEPHONE: _____

“ ”

OFFICER ASSIGNED: _____ APPROXIMATE DATE OF OFFENSE: _____

QUANTITY	ITEM AND DESCRIPTION	ESTIMATED VALUE
----------	----------------------	--------------------

TOTAL VALUE: _____

I, THE UNDERSIGNED, ATTEST TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE IS A TRUE DESCRIPTION AND VALUE. I REALIZE THAT IT IS MY RESPONSIBILITY TO NOTIFY THE CARLSTADT POLICE DEPARTMENT AS SOON AS POSSIBLE IN THE EVENT OF THE RECOVERY OF ANY OF THE LISTED ITEMS.

SIGNED _____

DATE: _____