



# Return of Property Request

**PLEASE PRINT:**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DRIVER LICENSE STATE & NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**INCIDENT:** \_\_\_\_\_

**INCIDENT DATE & TIME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DESCRIBE PROPERTY BELOW:**