



Restitution Application

Date of Incident _____

Location of Incident _____

Police Incident/File Number _____

Name of Investigating Officer _____

Investigating Police Agency _____

Do you know the offender(s)' name? If so, please write it here _____

Victim Damage/Loss Statement

Name _____

Address _____

Telephone _____

Date _____

Description of Damage/Loss (Please list) (attach any available receipts)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

(Use reverse side if additional items need to be listed)

Total Damage/Loss \$ _____

Insurance Coverage

Is the loss/damage insured? Yes ___ No ___ Amount of Deductible \$ _____

If yes, name of insurance company/adjuster: _____

Please sign below.

I declare that the information stated in this document is true to the best of my knowledge.

Signed _____ Date _____

**Please return this form to the
Investigating Police Agency/Detachment
as soon as possible.**