

ST. JOSEPH, MO. POLICE DEPARTMENT
FAILURE TO RETURN RENTAL PROPERTY COMPLAINT

PLEASE TYPE OR PRINT

DATE: _____ CASE #: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

COMPLAINANTS NAME: _____ RACE: _____ SEX: _____

DATE OF BIRTH: _____

SOCIAL SECURITY OR DRIVERS LICENSE NUMBER: _____

PERSON WHO HANDLED RENTAL: _____ RACE: _____ SEX: _____

DATE OF BIRTH: _____

SOCIAL SECURITY OR DRIVERS LICENSE NUMBER: _____

DATE RENTED: _____ DATE TO BE RETURNED: _____

DATE CERTIFIED LETTER SENT: _____

WAS CERTIFIED LETTER RECEIVED: YES NO?

LIST PROPERTY NOT RETURNED: _____

TOTAL VALUE: _____

NAME OF RENTER: _____ RACE: _____ SEX: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY OR DRIVERS LICENSE NUMBER: _____

NAME OF RENTER: _____ RACE: _____ SEX: _____

(IF MORE THAN ONE SIGNED AGREEMENT)

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY OR DRIVERS LICENSE NUMBER: _____

ADDITIONAL INFORMATION: _____

INCLUDE **COPIES** OF MEMBERSHIP OR RENTAL AGREEMENTS, CERTIFIED MAIL RECEIPTS, 10 DAY NOTIFICATION LETTER, COPIES OF STATE PHOTO IDENTIFICATION (required) AND ANY OTHER PAPERWORK NECESSARY FOR THE PROSECUTION OF THIS CASE. KEEP THE **ORIGINALS** IN YOUR FILES AND **DO NOT** DESTROY THEM UNTIL THIS CASE IS ADJUDICATED.