

Elk Mound Police Department

206 E Menomonie Street, PO Box 188, Elk Mound, WI, 54739 | Phone & Fax (715) 879-4411

Case # _____

Statement of Loss and Lack of Consent

Statement Page of

(please print or type)

Name: <i>Print – (First) (Middle) (Last)</i>	Date of Birth:	Age:
	Phone:	
Address 1: <i>Print – (Personal Residence, Fire or Street Number & Name)</i>	<i>(City, State, ZIP code)</i>	
Business Name:	Work Phone:	
Address 2: <i>(For a business or if a permanent address is different from above)</i>	<i>(City, State, ZIP code)</i>	

I am capable of granting or denying consent in this matter, by reason I am *(please check one)*:

- the Victim
 the owner
 the Occupant
 the Employee *(title):* _____
 entitled to at least equal rights to use and/or occupy the property as if the owner

I have given no permission or consent for any person(s) to:

- Cause me injury or bodily harm *(Disorderly Conduct §947.01, Battery §940.19)*
 Threaten, harass, or intimidate me *(Harassment §940.013)*
 Cause damage to any property I own or am responsible for *(Damage to Property §943.01)*
 Take, use, conceal, or retain possession of any property *(Theft §940.20)*
 Enter or remain on any land after receiving notice *(Trespass §940.13)*
 Enter or remain in any dwelling *(Trespass §940.13, Burglary §943.10)*

Describe injuries, property, or damage:

Please provide a detailed description of the damage or loss below due to criminal conduct.

Please attach copies of bills or estimates to help validate the loss or damage.

Please note restitution cannot be sent to the Courts without your written statement.

Please list the Damage or Loss	Value of Item
Insurance company:	Total:

X Statement author, date	X Reviewing officer, date
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