



# SASKATOON POLICE SERVICE

## LOST OR STOLEN PROPERTY REPORT

COMPLETED REPORT MUST BE RETURNED TO CENTRAL RECORDS FOR DATA ENTRY

DATE: \_\_\_\_\_ FILE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  Lost or  Stolen

*Please make descriptions as detailed as possible*

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
1.	(a)				
	(b) Description:				
	(c) No. of Pieces:          Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
2.	(a)				
	(b) Description:				
	(c) No. of Pieces:          Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
3.	(a)				
	(b) Description:				
	(c) No. of Pieces:          Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
4.	(a)				
	(b) Description:				
	(c) No. of Pieces:          Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
5.	(a)				
	(b) Description:				
	(c) No. of Pieces:          Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
6.	(a)				
	(b) Description:				
	(c) No. of Pieces:          Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
7.	(a)				
	(b) Description:				
	(c) No. of Pieces:          Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
8.	(a)				
	(b) Description:				
	(c) No. of Pieces:          Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
9.	(a)				
	(b) Description:				
	(c) No. of Pieces:          Value:	Colour:	Year:	Calibre:	Barrel Length:

*To add additional information, this form may be copied or items can be continued on the back page.*

<b>MAIL TO:</b> <b>SASKATOON POLICE SERVICE</b> <b>BOX 1728</b> <b>SASKATOON, SK S7K 3R6</b>	<b>DELIVER TO:</b> <b>SASKATOON POLICE SERVICE</b> <b>76 25<sup>th</sup> STREET EAST</b> <b>SASKATOON, SK S7K 3P9</b>
<b>FAX TO:</b> <b>CENTRAL RECORDS RADIO ROOM</b> <b>FAX NO: 306-975-8359</b>	