

**LAKE STEVENS POLICE DEPARTMENT
LAKE STEVENS SCHOOL DISTRICT #4
Theft / Property Damage Report**

PLEASE USE BLACK OR BLUE INK (NO PENCILS) TO COMPLETE FORM

Name: _____ **Today's Date:** _____
(Please Print)

Date of Theft/Damage: _____ **Time:** _____ **Class Period:** _____

Classroom/Location: _____
(i.e., room #, locker room, etc.)

ITEM #1	BRAND	MODEL
SERIAL #	CURRENT VALUE	DESCRIPTION <i>(color, size, phone number, service provider)</i>
ITEM #2	BRAND	MODEL
SERIAL #	CURRENT VALUE	DESCRIPTION <i>(color, size, phone number, service provider)</i>

Where/When did you last see the item(s)? _____

When did you notice it/them missing? _____

Did anyone see anything? Who? What? _____

Is there someone we should consider talking to about this? Who? Why? _____

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Student Signature: _____ **Date:** _____

Action: _____

Case #: _____ **SRO Initials:** _____