

<b>LOST PROPERTY REPORT</b>	<b>MONTCLAIR POLICE DEPARTMENT</b> <b>4870 ARROW HIGHWAY</b> <b>MONTCLAIR, CA 91763</b> <b>(909)448-3600</b> <b>www.cityofmontclair.org</b>	<b>CR</b>
		(Office Use Only)

<b>DATE / TIME THE PROPERTY WAS LOST</b>	<b>ADDRESS/LOCATION WHERE THE PROPERTY WAS LOST</b>	<b>OFFENSE CODE</b> 470300
<b>REPORTING PARTY NAME (Last, First)</b>	<b>HOME ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
<b>DATE OF BIRTH</b>	<b>DRIVERS LICENSE / STATE</b>	<b>TELEPHONE</b>

**ITEMIZED LIST OF LOST PROPERTY**

<b>QUANTITY</b>	<b>TYPE OF OBJECT AND DESCRIPTION</b>	<b>BRAND</b>	<b>MODEL</b> (Underline letters)	<b>SERIAL NUMBER</b> (Underline letters)

**SUMMARY OF HOW THE PROPERTY WAS LOST:**


Admonishment: Penal Code Section 148.5 provides that the filing of a false police report is a criminal offense. Penal Code Section 550((4) provides that filing of a false or fraudulent claim or statement for insurance purposes is a criminal offense.

I have read and understand the admonishment above regarding false police reports and claims. I attest under penalty of perjury that all information provided by me in this document is a true and accurate accounting of the incident and property loss.

REPORTING PARTY SIGNATURE	DATE
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**SECTION BELOW FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS SPACE**

DATE/TIME RECEIVED	RECEIVED BY (INITIALS / ID#)