

**JACKSON TOWNSHIP POLICE DEPARTMENT**

140 Magill Road ~ Zelienople, PA 16063  
Office: 724-452-5600 ~ Fax: 724-453-3581

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Date: \_\_\_\_\_

## STOLEN PROPERTY FORM

(Online form)

Complaint Number:

OFFICE USE ONLY

*This form must be completed and returned to Jackson Township Police Department BEFORE any insurance claim will be processed.*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

To the best of your knowledge please give accurate account of the items that were stolen. Include anything unusual that would help identify the item, including any inscriptions, unique marks or serial numbers if known.

[illegible]

I, \_\_\_\_\_, certify that the above information is correct to the best of my knowledge, knowing that falsification of any information on this form is in violation of Section 4903, 4904 and 4906 of the Pennsylvania Crimes Code.

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_ SS:  
(Place Seal Below)

Signature

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public, Commonwealth of Pennsylvania

This form must be notarized by complainant. Return this during daytime hours only 8a.m. to 4p.m. Monday through Friday.